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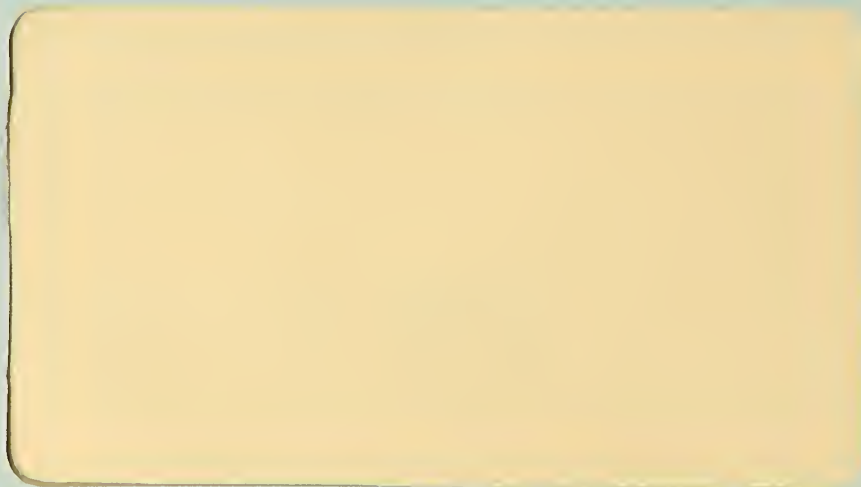
HCFA Information
Resource Center

HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION
FISCAL YEAR 1988

Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy

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HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION
FISCAL YEAR 1988

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BUREAU OF DATA MANAGEMENT
AND STRATEGY

HEALTH CARE FINANCING
ADMINISTRATION

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
WASHINGTON, D.C. 20201

☆ GPO: 1982-509-632

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FOREWORD

This data book was prepared for the HCFA senior staff as a supplement to briefing material for fiscal year 1988 budget and appropriation hearings and other legislative initiatives. It was compiled by the Division of Information Analysis, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

Regina McPhillips, Dr.P.H.
Director
Bureau of Data Management
and Strategy

February 1987

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I. BUDGET OVERVIEW

Information about HCFA relative to the federal and DHHS budgets.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

	FY 1986 Actual	FY 1987 Proposed Law	FY 1988 Proposed Law	Current Law
		(in billions)		
Total Federal Budget <u>1/</u>	\$989.8	\$1,015.6	\$1,024.3	\$1,060.5
Department of Health and Human Services <u>1/</u>	333.9	348.2	361.3	367.8
Percent of Federal Budget	33.7	34.3	35.3	34.7
HCFA Budget				
Medicare Benefit Payments	\$74.0	\$76.2	\$79.9	\$84.6
Medicaid Medical Assistance Payments	23.6	25.3	25.7	26.7
HCFA Program Management	1.2	1.3	1.4	1.4
State and Local Administration/Training	1.4	1.4	1.2	1.5
Other Administrative Expenses	0.6	0.6	0.6	0.6
Peer Review Organizations (PROs)	0.2	0.2	0.2	0.2
Total (unadjusted) <u>2/</u>	101.0	105.0	108.9	114.8
Offsetting and Proprietary Receipts	-5.7	-6.5	-8.9	-8.3
Total Net of Offsetting and Proprietary Receipts <u>1/</u>	95.3	98.5	100.0	106.5
Percent of Federal Budget	9.6	9.7	9.8	10.0

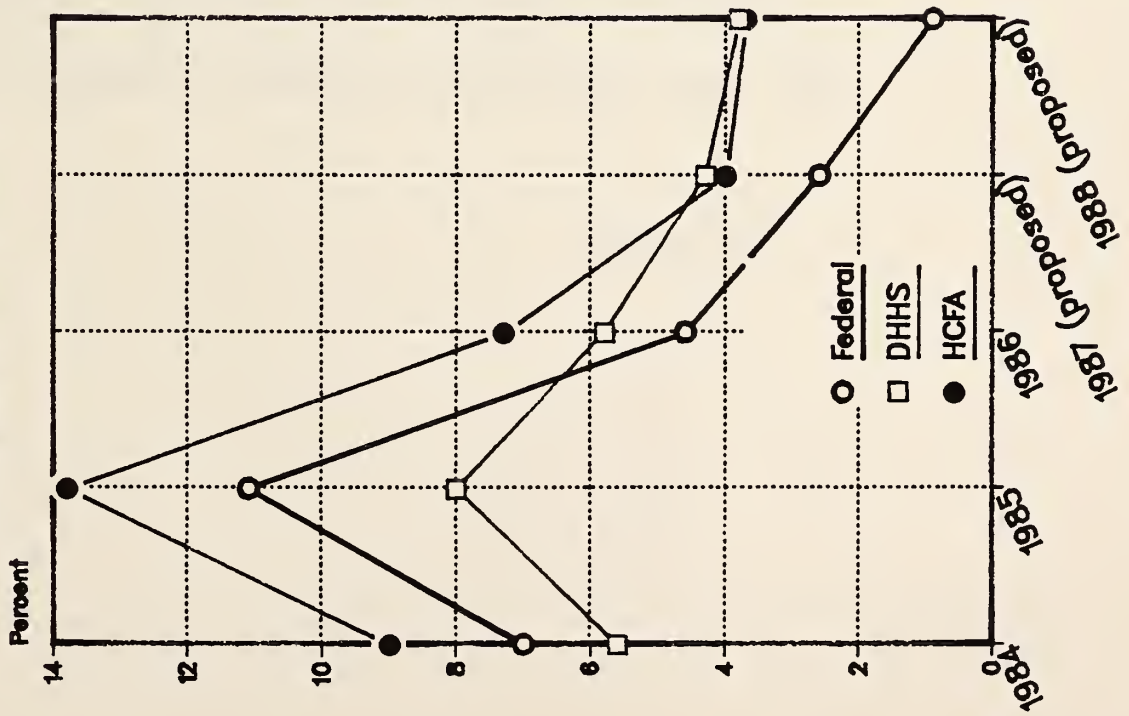
1/ Does not include off-budget entities, net of offsetting receipts.

2/ Figures may not add to total, due to rounding.

Source: HCFA/OMB

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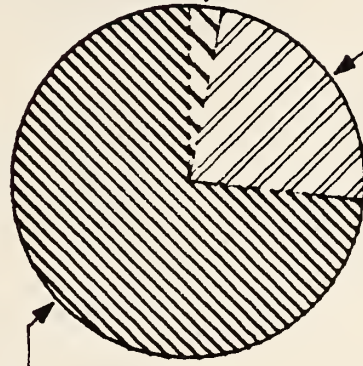
Annual Percentage Increase in Federal,
DHHS, and HCFA Budgets
Fiscal Years 1984-1988



HCFA Proposed Budget
Fiscal Year 1988

Billions of Dollars

Medicare Benefits
Payments
\$79.9
73.4%



Other
\$3.3
3.0%

Medicaid Medical
Assistance Payments
\$25.7
23.6%

PROGRAM BENEFIT PAYMENTS/TRENDS

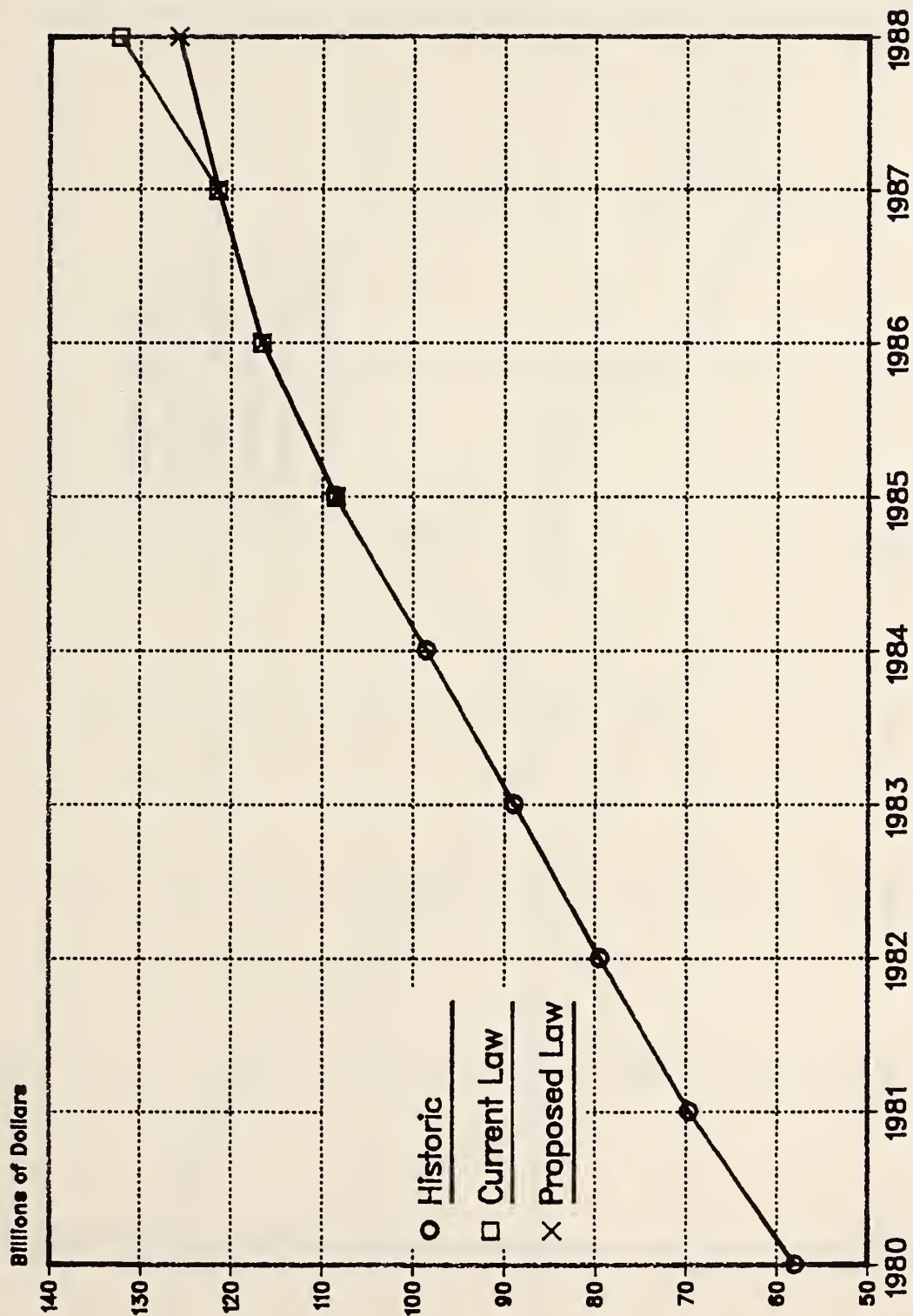
Fiscal Year	Total	Medicare	Medicaid 1/
(in billions)			
Historic			
1980	\$58.0	\$33.9	\$24.0
1981	69.7	41.3	28.4
1982	79.5	49.1	30.3
1983	88.9	55.6	33.3
1984	96.6	60.9	35.6
1985	108.6	69.5	39.1
Budget			
Current law			
1986	116.7	74.0	42.6
1987	121.6	76.2	45.4
1988	132.3	84.6	47.8
Proposed law			
1986	116.7	74.0	42.6
1987	121.6	76.2	45.4
1988	125.9	79.9	46.0

1/ Federal and State combined. Historic data are expenditures (computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on the HCFA-25 and modified by OMB for legislation and other initiatives.

Source: HCFA/OACT for historic data and OMB for budget data.

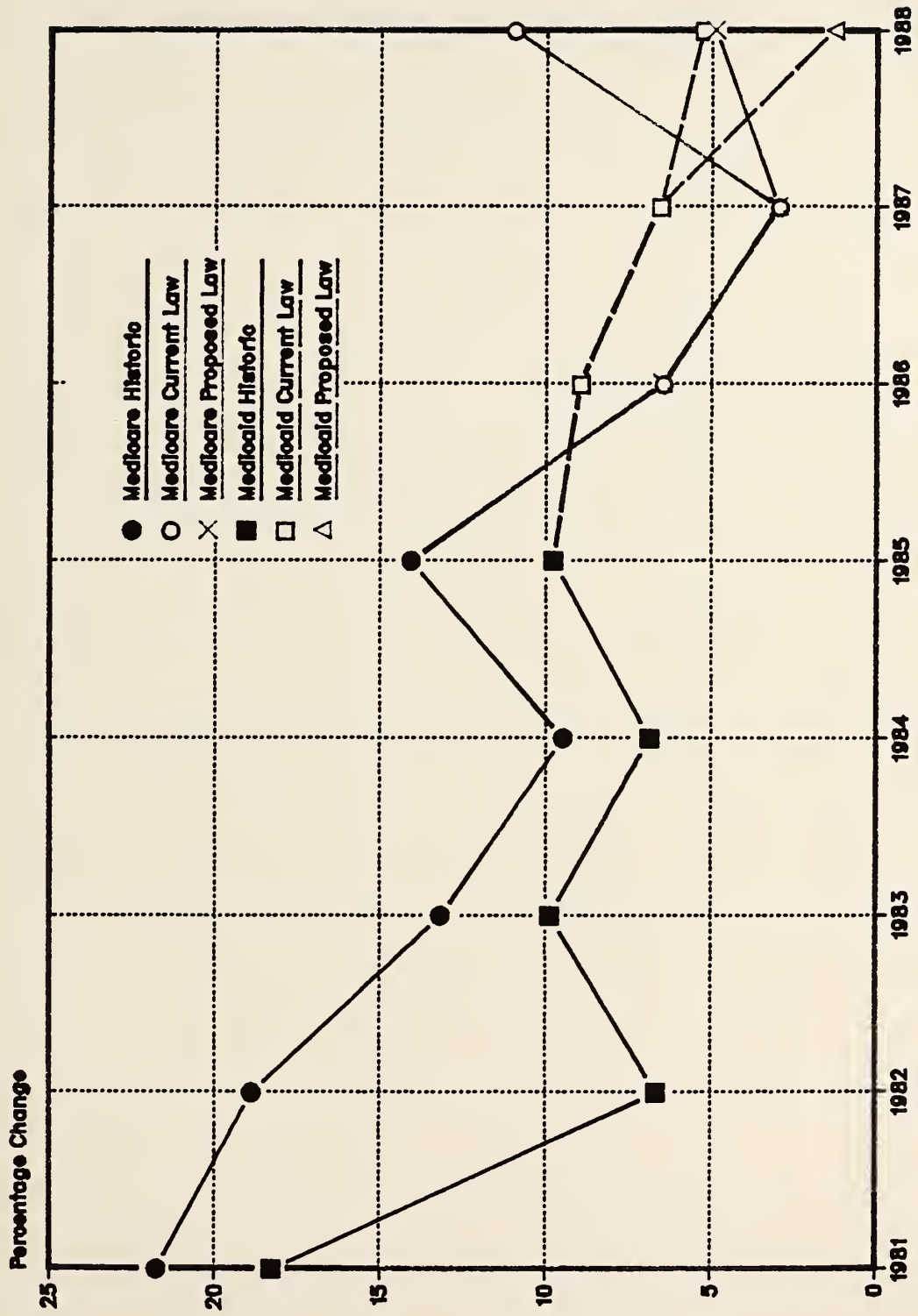
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Trends in Program Benefit Payments 1980—1988





Percent Change in Program Benefit Payments 1981 – 1988





II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY

MEDICARE HOSPITALS STATUS UNDER THE PROSPECTIVE PAYMENT SYSTEM

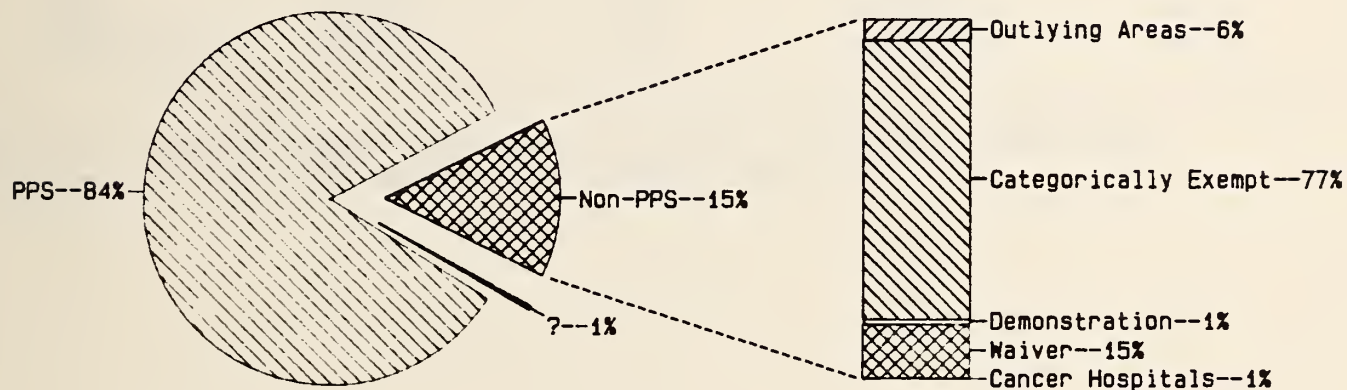
Total Hospitals (9/86)	6,711
Hospitals Under PPS	5,657
Hospitals receiving special consideration	
Regional referral centers	171
Cancer treatment centers	8
Mayo clinic type providers	4
Sole community hospitals	363
Exempted hospitals	
Psychiatric	515
Rehabilitation	79
Alcohol/drug	22
Other long-term care	92
Children's	55
Christian Science Sanitoria	21
Short-stay hospitals in waiver States	166
Short-stay hospitals in outlying areas	61
Excluded units	
Psychiatric	906
Rehabilitation	473
Alcohol/drug	352

NOTE: Detail does not sum to total because data on the PPS status for a small number of hospitals are unavailable.

Source: HCFA/BERC/HSQB/BDMS

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Medicare Participating Hospitals and Separate Cost Entities by PPS Status and Exclusion Category as of September 1986



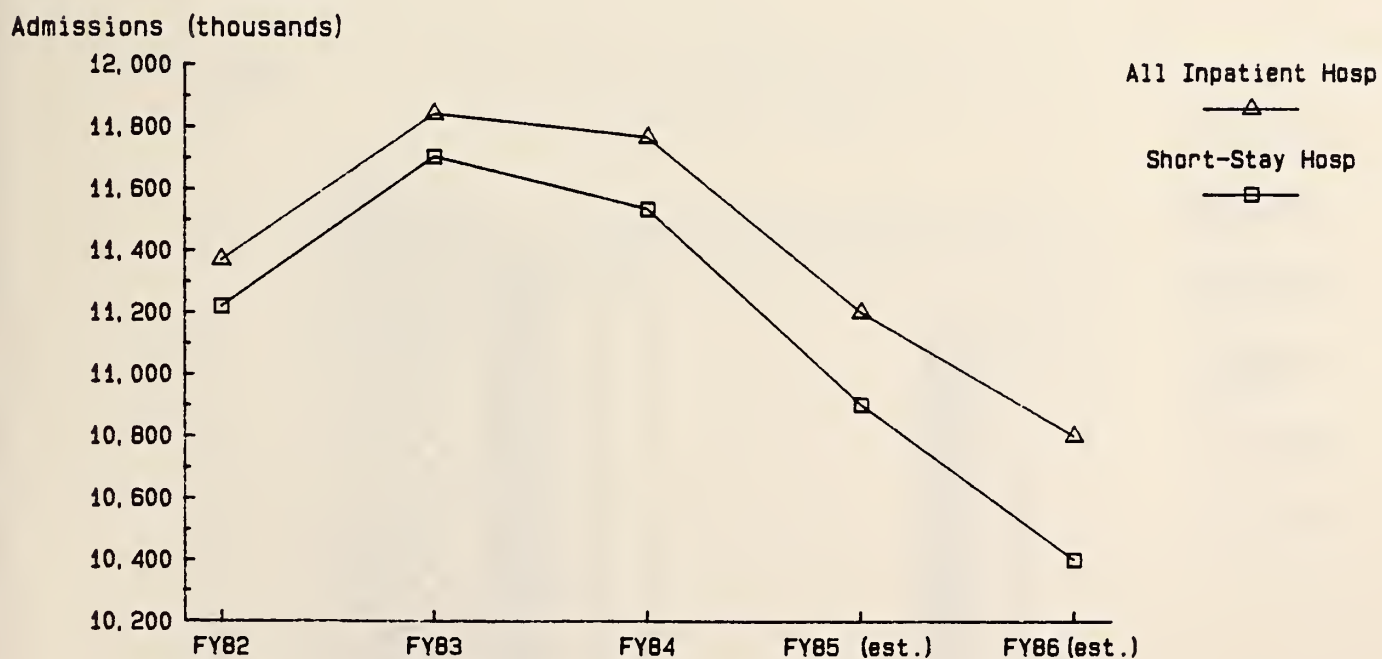
6,711 Hospitals and
Separate Cost Entities

1,019 Hospitals and Cost
Entities by Exclusion Category

MEDICARE INPATIENT HOSPITAL ADMISSIONS/TRENDS

Fiscal Year	All Inpatient Admissions (Hospitals and Excluded Units)		Short-Stay Hospital Admissions ¹	
	Number (in thous.)	Percent Change	Number (in thous.)	Percent Change
1982	11,369	--	11,218	--
1983	11,841	4.2	11,702	4.3
1984	11,764	-0.7	11,531	-1.5
1985(est.)	11,200	-4.8	10,900	-5.5
1986(est.)	10,800	-3.6	10,400	-4.6

¹ Does not include admissions and transfers to PPS excluded units (psychiatric, rehabilitation and alcohol/drug).

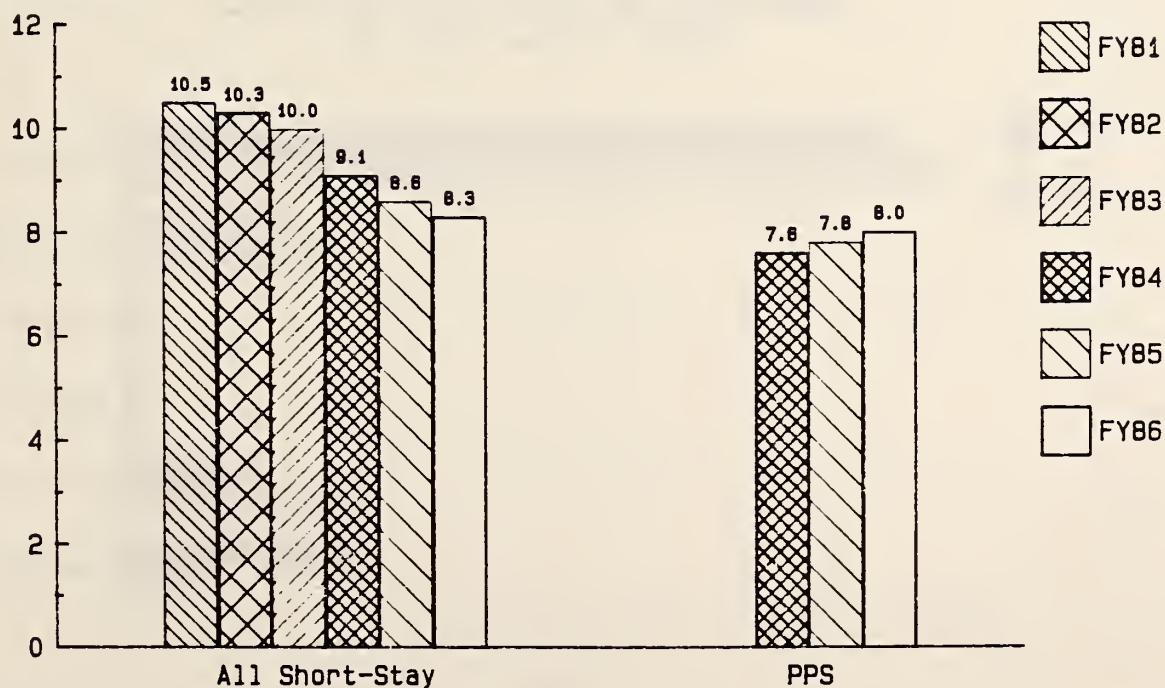


Source: HCFA/BDMS

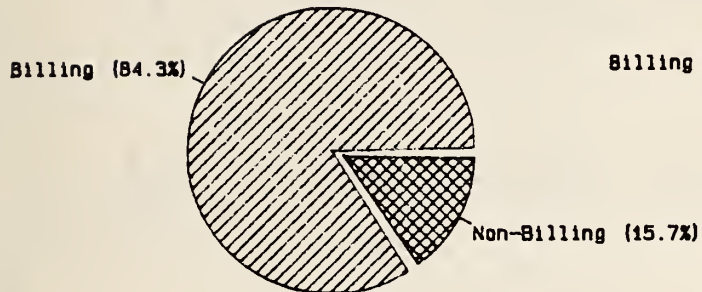
Medicare Short-Stay Hospital Average Length of Stay Fiscal Years 1981-1986

	<u>FY 1981</u>	<u>FY 1982</u>	<u>FY 1983</u>	<u>FY 1984</u>	<u>FY 1985</u>	<u>FY 1986</u>
All	10.5	10.3	10.0	9.1	8.6	8.3
PPS	--	--	--	7.6	7.8	8.0

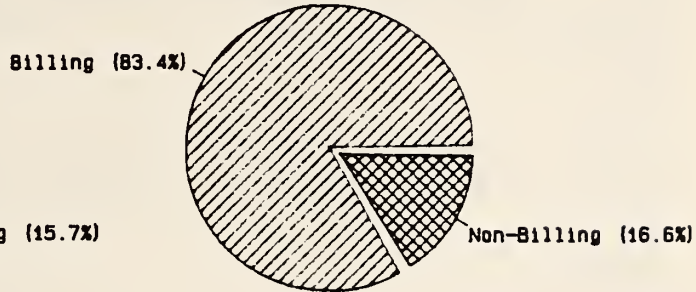
ALOS (days)



Medicare Prospective Payment System Billing and Non-Billing Reimbursement FY 1985 and FY 1986

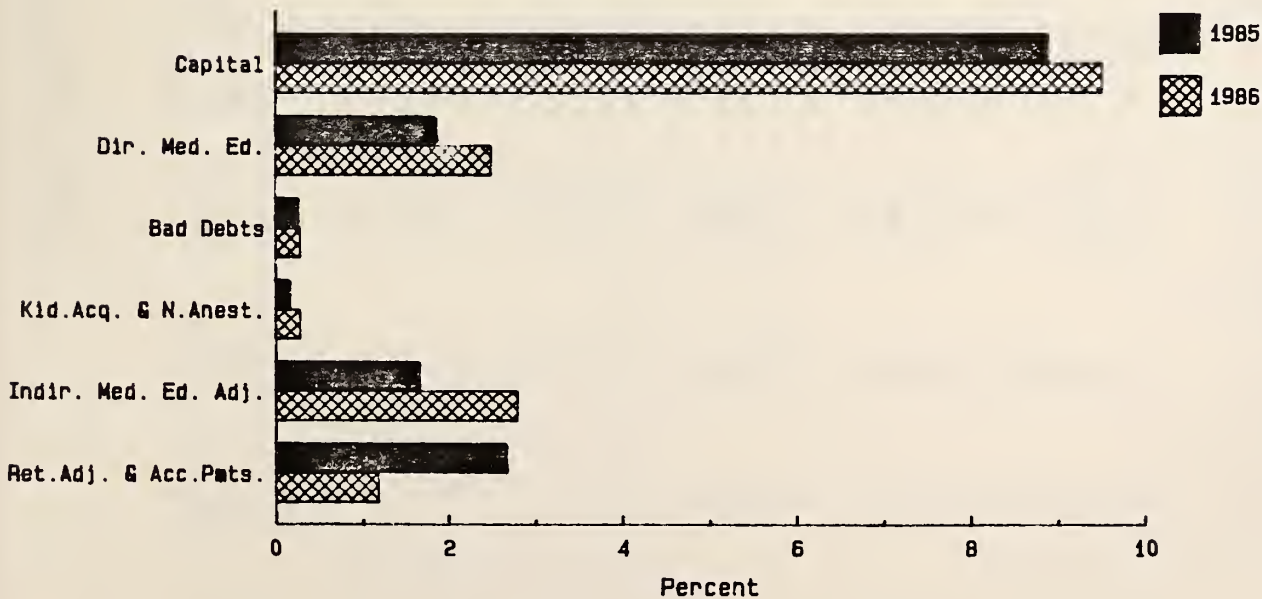


**FY85 Total
\$37.0 Billion**



**FY86 Year to Date
\$39.7 Billion**

Non-Billing Reimbursements As Percent of Total Reimbursement FY 1985 and FY 1986



Source: Intermediary Benefit Payment Report

MEDICARE PROSPECTIVE PAYMENT SYSTEM/DRG RANKING--PPS BILLS

FY 86

FY 86 Rank	FY 85 Rank	ORG No.	DRG Relative Weight		Discharges	Percent	Average Length of Stay	Average Reimbursement* Per Discharge
			10/1/84	5/1/86				
Total								
					6,613,389	100.0%	8.0	\$3,435
1	1	127	1.0300	1.0100	341,352	5.2	7.6	2,786
2	2	089	1.0914	1.1768	258,744	3.9	8.5	2,884
3	3	140	0.7470	0.6895	239,639	3.6	4.8	1,758
4	5	014	1.3386	1.3144	211,782	3.2	9.7	3,660
5	4	182	0.6121	0.6034	207,357	3.1	5.6	1,431
6	6	296	0.7913	0.8271	148,016	2.2	7.1	2,317
7	7	138	0.8886	0.8138	147,396	2.2	5.5	2,303
8	8	096	0.9200	0.8448	145,477	2.2	6.9	2,001
9	12	209	2.2674	2.3930	122,564	1.9	13.2	6,859
10	13	336	0.9974	0.9871	115,536	1.7	6.4	2,661
11	11	088	1.0304	1.0769	112,573	1.7	7.9	2,892
12	10	015	0.6604	0.6241	112,250	1.7	5.1	1,563
13	9	243	0.7473	0.6843	105,860	1.6	6.7	1,781
14	14	174	0.9185	0.9075	103,859	1.6	6.5	2,396
15	15	320	0.8039	0.8629	98,768	1.5	7.9	2,200
16	17	122	1.3509	1.3270	89,911	1.4	8.4	3,434
17	16	468	2.0818	2.4542	89,520	1.4	13.4	6,875
18	19	210	2.0617	2.0320	82,994	1.3	13.7	5,939
19	21	121	1.8454	1.7694	82,832	1.3	11.0	5,009
20	22	148	2.5228	2.9407	82,178	1.2	15.6	8,134
21	20	294	0.8003	0.7454	77,393	1.2	7.2	2,008
22	24	410	0.3490	0.4285	75,620	1.1	3.2	1,154
23	37	430	1.0820	1.0762	71,688	1.1	13.8	3,414
24	26	141	0.6408	0.6188	66,761	1.0	4.9	1,575
25	25	082	1.1282	1.1259	63,068	1.0	8.7	3,251

* Billing reimbursement reflects DRG determined price plus outlier payments, if any, less beneficiary responsibility for deductible and coinsurance. Excluded are a prorated share of passthrough payments for capital, direct medical education, kidney acquisition, bad debts and nurse anesthetists and the indirect medical education adjustment.

NOTE: Based on bills processed through September 1986.

Source: HCFA/BDMS

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MEDICARE PROSPECTIVE PAYMENT SYSTEM/DRG RANKING--PPS BILLS

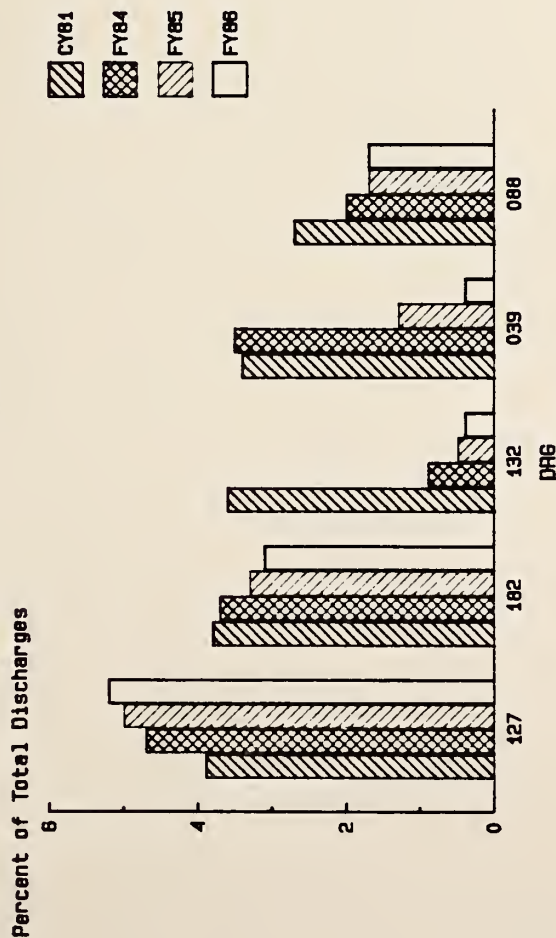
FY 86 Rank	FY 85 Rank	DRG Number	Description
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age Over 69 and/or Complicating Conditions
3	3	140	Angina Pectoris
4	5	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks
5	4	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 69 and/or Complicating Conditions
6	6	296	Nutritional and Miscellaneous Metabolic Disorders, Age Over 69 and/or Complicating Conditions
7	7	138	Cardiac Arrhythmia and Conduction Disorders, Age Over 69 and/or Complicating Conditions
8	8	096	Bronchitis and Asthma, Age Over 69 and/or Complicating Conditions
9	12	209	Major Joint and Limb Reattachment Procedures
10	13	336	Transurethral Prostatectomy, Age Over 69 and/or Complicating Conditions
11	11	088	Chronic Obstructive Pulmonary Disease
12	10	015	Transient Ischemic Attacks and Precerebral Occlusions
13	9	243	Medical Back Problems
14	14	174	Gastrointestinal Hemorrhage, Age Over 69 and/or Complicating Conditions
15	15	320	Kidney and Urinary Tract Infections, Age Over 69 and/or Complicating Conditions
16	17	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharged Alive
17	16	468	Unrelated O.R. Procedure
18	19	210	Hip and Femur Procedures Except Major Joint, Age over 69 and/or Complicating Conditions
19	21	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
20	22	148	Major Small and Large Bowel Procedures, Age Over 69 and/or Complicating Conditions
21	20	294	Diabetes, Age Over 35
22	24	410	Chemotherapy
23	37	430	Psychoses
24	26	141	Syncopal - Collapse Age Over 69 and/or Complicating Conditions
25	25	082	Respiratory Neoplasms

Source: HCFA/BDMS

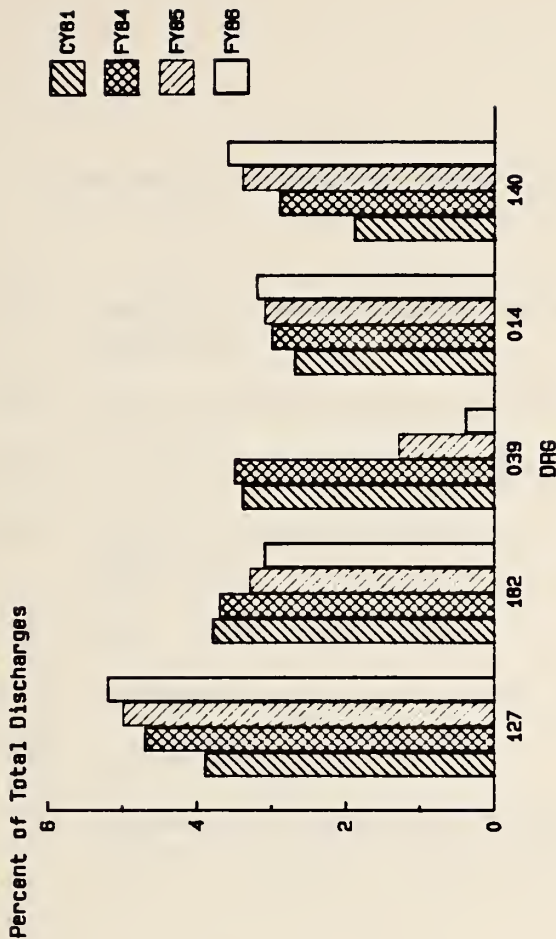
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Trends in Top 5 DRGs from CY 81 and FY 84-FY 86

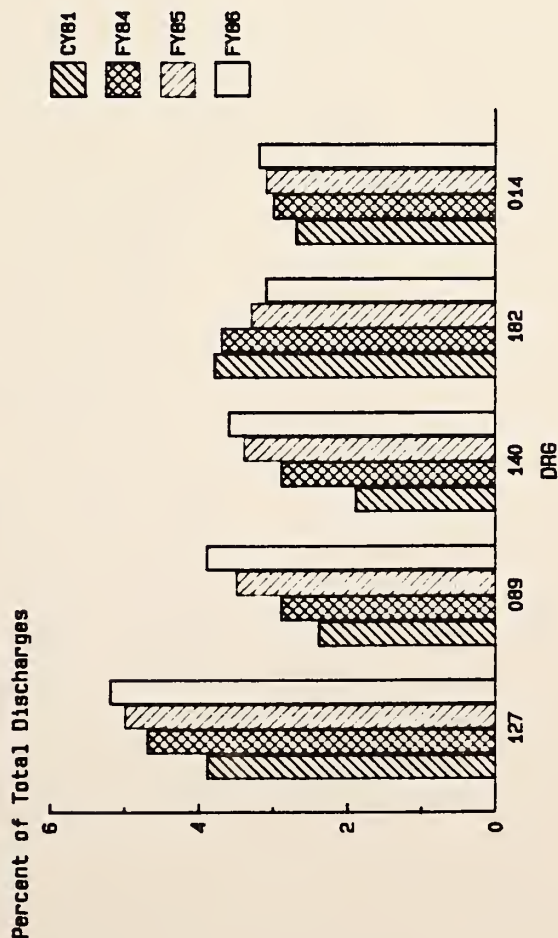
CY 81 Top 5



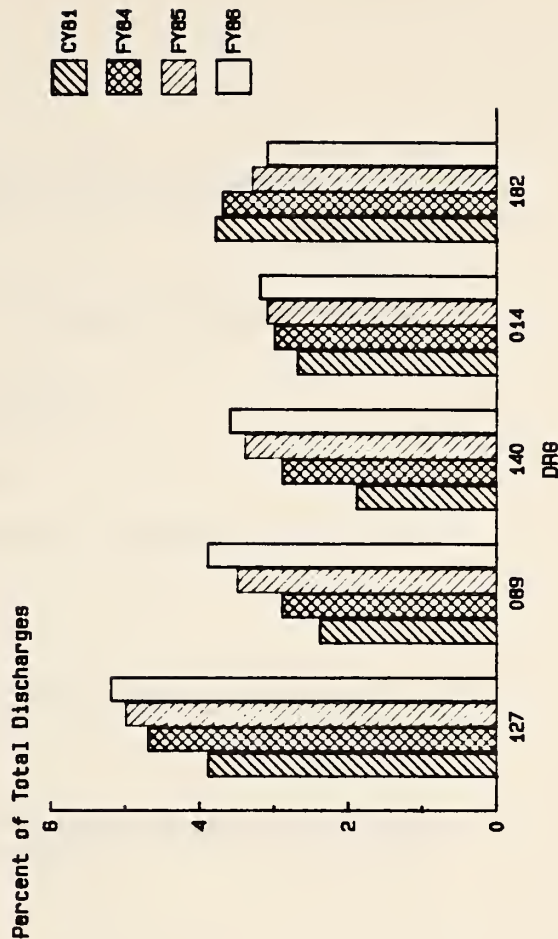
FY 84 Top 5



FY 85 Top 5



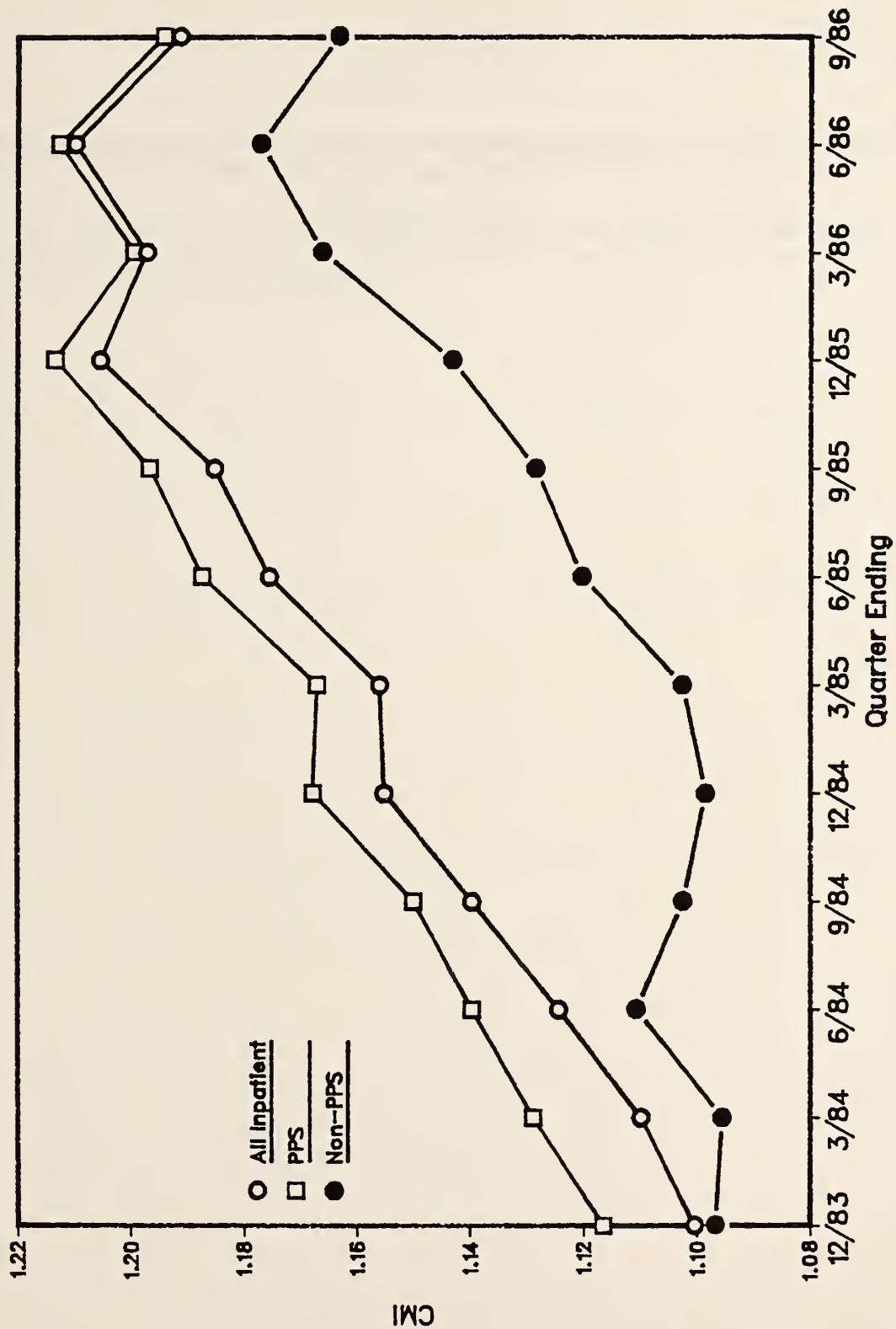
FY 86 Top 5



Narrative for Charted DRGs/CY 81, FY 84, FY 85, and FY 86

- 014 Specific Cerebrovascular Disorders Except Transient Ischemic Disorders
- 039 Lens Procedure with or without Vitrectomy
- 088 Chronic Obstructive Pulmonary Disease
- 089 Simple Pneumonia and Pleurisy, Age Over 69 and/or Complicating Conditions
- 127 Heart Failure and Shock
- 132 Atherosclerosis, Age Over 69 and/or Complicating Conditions
- 140 Angina Pectoris
- 182 Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 69 and/or Complicating Conditions

National Case Mix Index By Quarter



NOTE: CMI for Non-PPS includes: 1) pre-PPS experience for hospitals that eventually transitioned into PPS, 2) categorically exempt hospitals, 3) excluded units within PPS hospitals, 4) short-stay hospitals in waiver States or demonstrations, and 5) short-stay hospitals in outlying areas.

III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HEALTH CARE SPENDING HIGHLIGHTS

- o Spending for all health care amounted to \$425.0 billion in 1985, or 10.7 percent of the Gross National Product (GNP).
- o Combined Medicare and Medicaid spending accounted for 26.8 percent of total health care expenditures in 1985.
- o The majority of Medicare expenditures are for hospital care. The majority of Medicaid expenditures are for long-term care.

National health expenditures have grown more rapidly than has the rest of the economy.

- o Between calendar year 1980 and 1985, national health expenditures grew 11.4 percent per year.
- o During the same period, the gross national product grew 7.9 percent per year.
- o National health expenditures have increased as a share of the gross national product, rising from 9.1 percent in calendar year 1980 to 10.7 percent in calendar year 1985.

Various factors affect the increases in health care expenditures.

- o Personal health care expenditures increased from \$219.7 billion in 1980 to \$371.4 billion in 1985.
- o Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.
- o Price inflation (including medical care and general price inflation) continues to be the major factor.
- o For the overall period of 1980 to 1985, factors other than price or population—for example, more intensive utilization per person, changes in the types of care rendered, technological advances—are, as a whole, a decreasing proportion of the increase in personal health care expenditures. For the last year of this period, 1984 to 1985, the proportion contributed by these factors was about the same as in the 1975-1980 period.

The composition of health spending has shifted toward hospital and nursing home care.

- o In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care accounted for 33.3 percent of national health expenditures, and nursing home care accounted for another 4.9 percent.
- o By calendar year 1985, hospital care consumed 39.2 percent of the health dollar and nursing home care accounted for another 8.3 percent.
- o During the same period, expenditures for research and construction dropped from 8.4 percent of the total to 3.6 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Indexes.

- o In recent years, changes in the CPI for all items have lagged considerably behind those physicians' and hospital services.
- o In 1986, the CPI for all items increased 2.5 percent from the preceding year compared to 7.0 percent for physicians' services and 5.4 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than in the general economy, and are less vulnerable to the business cycle. However, this trend was reversed in 1984.

- o Work hours in nonagricultural establishments increased 2.5 percent between 1985 and 1986 compared to an increase of 4.1 percent for health care establishments over the same period.

February 1987

Type of Service	Total Program Payments		Medicare 1/		Medicaid 2/	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
	(in millions)					
Total	\$107,157	100.0%	\$69,649	100.0%	\$37,508	100.0%
Inpatient Hospital	55,661	51.9	45,016 <u>3/</u>	64.7	10,645	28.4
Skilled Nursing Facilities	5,654	5.3	581	0.8	5,073	13.5
Other Nursing Home	11,245	10.5	--	--	11,245	30.0
Home Health	3,397	3.2	2,277	3.3	1,120	3.0
Physician Services	19,701	18.4	17,355 <u>4/</u>	24.9	2,346	6.3
Outpatient	5,699	5.3	3,910 <u>5/</u>	5.6	1,789	4.8
Clinic	714	0.7	<u>5/</u>	--	714	1.9
Prescribed Drugs	2,315	2.2	--	--	2,315	6.2
Other Care	2,771	2.6	510 <u>6/</u>	0.7	2,261 <u>7/</u>	6.0

- 1/ Estimated
2/ Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.
3/ Includes PRO expenditures
4/ Includes physicians, other practitioners, and Part B suppliers (total of \$16,784 million), and group practice prepayment plans (\$571 million).
5/ Covered clinic services are included under outpatient.
6/ Independently billing laboratory.
7/ Includes dental (\$458 million), other practitioners (\$251 million), laboratory and radiological services (\$337 million), family planning services (\$195 million), early periodic screening (\$85 million), rural health clinic services (\$7 million), and other care (\$928 million).

Source: HCFA/OACT

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MEDICARE/TRUST FUND PROJECTIONS

	FY 1986	FY 1987	FY 1988
	(amounts in millions)		
HI Disbursements <u>1/</u>	\$49,685	\$48,275	\$52,553
HI Administrative Expenses <u>2/</u>	818	1,002	1,032
HI Benefit Payments	48,867	47,273	51,521
Aged	43,372	42,026	45,885
Disabled	5,495	5,247	5,636
SMI Disbursements <u>1/</u>	26,217	29,886	34,046
SMI Administrative Expenses	1,051	944	1,005
SMI Benefit Payments	25,166	28,942	33,041
Aged	22,177	25,613	29,318
Disabled	2,989	3,329	3,723

1/ Includes the effect of regulatory items and recent legislation but not proposed law.

2/ Includes the net of administrative costs, research, and PROs.

Source: HCFA/OMB

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MEDICARE/TYPE OF BENEFIT

- o Medicare benefit payments for inpatient hospital care are projected to increase 4.1 percent from fiscal year 1986 to 1988.
- o Physician and supplier payments under Medicare are expected to increase 26.8 percent from fiscal year 1986 to 1988.

	Benefit Payments <u>1/</u> (in millions)				Percentage Distribution FY 1988
	FY 1985	FY 1986	FY 1987	FY 1988	
Total HI	\$47,710	\$48,867	\$47,273	\$51,521	100.0
Inpatient Hospital <u>2/</u>	44,885	45,686	43,688	47,565	92.3
Skilled Nursing Facility	581	619	644	695	1.3
Home Health Agency	2,229	2,527	2,878	3,171	6.2
Hospice	15	35	63	90	0.2
Total SMI	21,808	25,166	28,942	33,041	100.0
Physician/Other Suppliers	16,784	18,798	21,371	23,836	72.1
Outpatient	3,910	5,048	6,032	7,364	22.3
Home Health Agency	48	32	36	41	0.1
Group Practice Prepayment	571	705	861	1,054	3.2
Independent Laboratory	495	583	642	746	2.3

1/ Includes the effect of regulatory items and recent legislation but not proposed law.

2/ Excludes PRO expenditures.

NOTE: Benefits by type of service are estimated and are subject to change.

Source: HCFA/OACT for FY 1985 and OMB for FY 1986-1988

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MEDICAID/BASIS OF ELIGIBILITY

	Vendor Payments (in millions)				Percent Distribution
	FY 1982	FY 1983	FY 1984	FY 1985	FY 1985
Total	\$29,399	\$32,391	\$33,895	\$37,508	100.0
Aged	10,739	11,954	12,819	14,096	37.6
Blind	172	183	219	249	0.7
Disabled	10,233	11,184	11,757	13,203	35.2
AFDC - Children	3,473	3,836	3,979	4,414	11.8
AFDC - Adults	4,093	4,487	4,421	4,746	12.7
Other Title XIX	689	747	699	798	2.1

NOTE: Vendor payments exclude premiums and capitation amounts.

Source: HCFA/OACT

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MEDICAID/TYPE OF SERVICE

- o Medicaid payments for medical services increased 10 percent between 1982 and 1983, 5 percent from 1983 to 1984, and 11 percent from 1984 to 1985.

	Vendor Payments (in millions)			Percent Distribution
	FY 1982	FY 1983	FY 1984	FY 1985
Total	\$29,399	\$32,391	\$33,895	\$37,508
Inpatient Services				
General Hospitals	8,644	9,746	9,892	10,645
Mental Hospitals	7,670	8,813	8,849	9,453
ICF Services	974	933	1,043	1,192
Mentally Retarded	8,446	9,460	10,079	11,245
All Other	3,467	4,079	4,256	4,719
Skilled Nursing Facility Services	4,979	5,381	5,823	6,526
Physician Services	4,427	4,621	4,810	5,073
Prescribed Drugs	2,086	2,175	2,226	2,346
Outpatient Hospital Services	1,599	1,771	1,969	2,315
Dental Services	1,438	1,574	1,646	1,789
Home Health Services	492	467	469	458
Clinic Services	496	597	765	1,120
Other Practitioner Services	400	479	589	714
Laboratory and Radiological Services	226	226	233	251
Family Planning Services	160	184	201	337
Early and Periodic Screening	133	156	164	195
Rural Health Clinic Services	N/A	N/A	79	85
Other Care	N/A	N/A	6	7
	853	936	768	928

NOTE: Vendor payments exclude premiums and capitation amounts.

Source: HCFA/OACT

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MEDICAID EXPENDITURES/TYPE OF SERVICE AND BASIS OF ELIGIBILITY - FY 1985

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long Term Care Services 1/
	Percentage Distribution			
All Groups	100.0	25.2	25.1	49.7
Aged (65 and over)	37.6	3.9	4.3	29.4
Blind and Disabled	35.9	8.8	7.9	19.2
Children (under 21)	13.9	6.3	6.6	1.0
AFDC-type Adults	12.7	6.2	6.3	0.1

1/ Includes services in mental facilities, SNF, ICF, ICF/MR, and home health services.

Source: HCFA/OACT

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NATIONAL HEALTH CARE/TYPE OF EXPENDITURE - CY 1985

- o Medicare pays for about 30 percent of U.S. hospital care.
- o Medicaid pays for over 40 percent of U.S. nursing home care.

	National Total (in billions)	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$425.0	\$1,721	26.8	17.0	9.8
Health Services and Supplies	409.5	1,659	27.9	17.7	10.2
Personal Health Care	371.4	1,504	29.7	19.0	10.7
Hospital Care	166.7	675	38.0	29.1	8.9
Physicians' Services	82.8	335	24.7	20.6	4.1
Nursing Home Care	35.2	143	43.4	1.7	41.8
Other Health Services	86.7	351	12.9	5.0	7.9
Other Services and Supplies	38.1	154	9.9	4.6	5.3
Research/Construction	15.4	63	--	--	--

Source: HCFA/OACT

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HCFA BENEFIT PAYMENTS/MAJOR PERSONAL HEALTH EXPENDITURE SERVICE CATEGORIES - CY 1985

Type of Service 1/	Total Program Payments		Medicare		Medicaid	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
(in billions)						
Total	\$110.3	100.0	\$70.5	100.0	\$39.8	100.0
Hospital Care	63.3	57.4	48.5	68.8	14.8	37.2
Physicians' Services	20.4	18.5	17.1	24.2	3.4	8.5
Dentists' Services	0.5	0.4	-	-	0.5	1.2
Other Professional Services 2/	3.3	3.0	2.0	2.9	1.3	3.3
Drugs and Medical Sundries	2.4	2.2	-	-	2.4	6.0
Eyeglasses and Appliances	1.2	1.1	1.2	1.7	-	-
Nursing Home Care	15.3	13.9	0.6	0.8	14.7	37.0
Other Health Services	3.8	3.4	1.1	1.6	2.7	6.7

1/ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

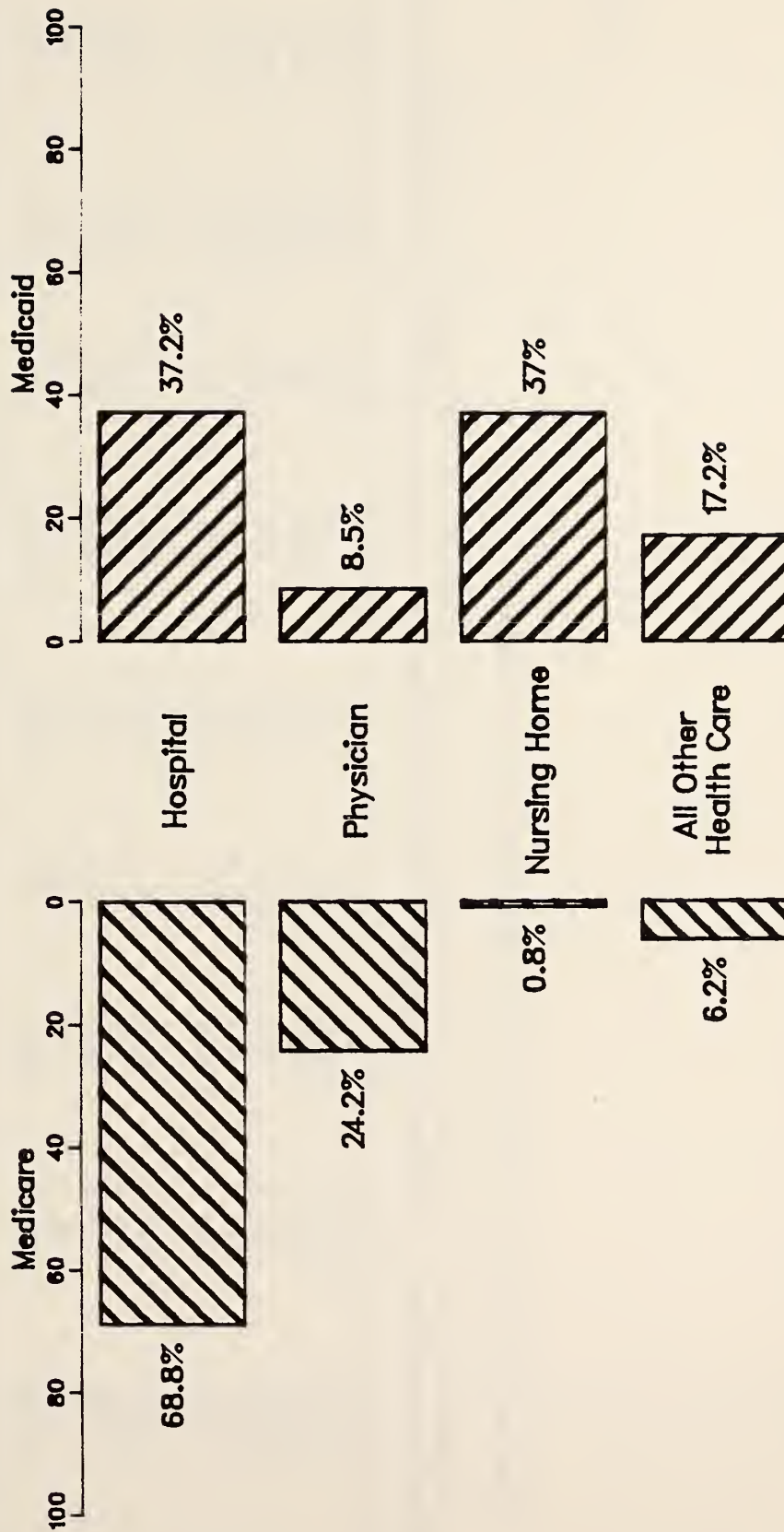
2/ Other professional services include private-duty nurses, chiropractors, optometrists, and home health professionals, as well as other undesignated health professionals.

NOTE: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 55 percent.

Source: HCFA/OACT

February 1987

Medicare and Medicaid Benefit Payments As a Percent of Total Benefit Payments By Type of Service - CY 1985





NATIONAL HEALTH CARE/TRENDS IN PUBLIC VS. PRIVATE FUNDING

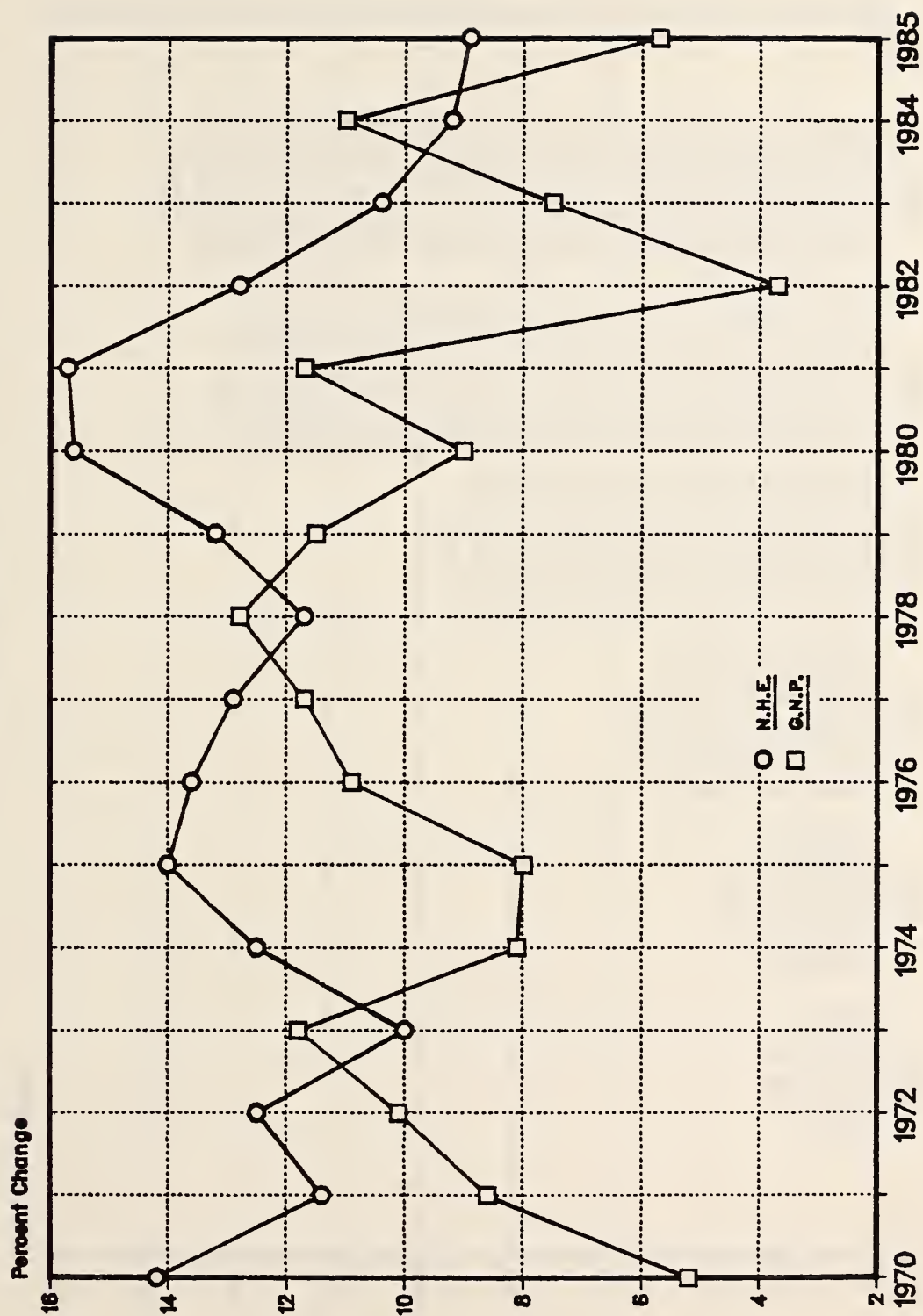
Calendar Year	G.N.P. (billions)	National Health Expenditures									
		Total					Private Funds				
		Amount (billions)	Per Capita	Percent of GNP	Amount (billions)	Per Capita	Percent of Total	Amount (billions)	Per Capita	Percent of Total	Public Funds
1965	\$705	\$41.9	\$205	5.9	\$30.9	\$152	73.8	\$11.0	\$54	26.2	
1966	772	46.3	224	6.0	32.7	158	70.7	13.6	66	29.3	
1967	816	51.5	247	6.3	32.5	156	63.2	19.0	91	36.8	
1970	1,015	75.0	349	7.4	47.2	220	63.0	27.8	129	37.0	
1975	1,598	132.7	590	8.3	76.4	340	57.5	56.3	250	42.5	
1980	2,732	248.1	1,054	9.1	142.9	607	57.6	105.2	447	42.4	
1981	3,053	287.0	1,207	9.4	165.8	697	57.8	121.2	510	42.2	
1982	3,166	323.6	1,348	10.2	188.4	784	58.2	135.3	563	41.8	
1983	3,402	357.2	1,473	10.5	209.7	865	58.7	147.5	608	41.3	
1984	3,775	390.2	1,595	10.3	230.7	943	59.1	159.5	652	40.9	
1985	3,989	425.0	1,721	10.7	250.2	1,013	58.9	174.8	708	41.1	

NOTE: These data reflect: 1) Bureau of Economic Analysis, Department of Commerce revisions to Gross National Product as of December 1985, and 2) Social Security Administration revisions to the population as of May 1986.

Source: HCFA/OACT and Bureau of Economic Analysis, Department of Commerce

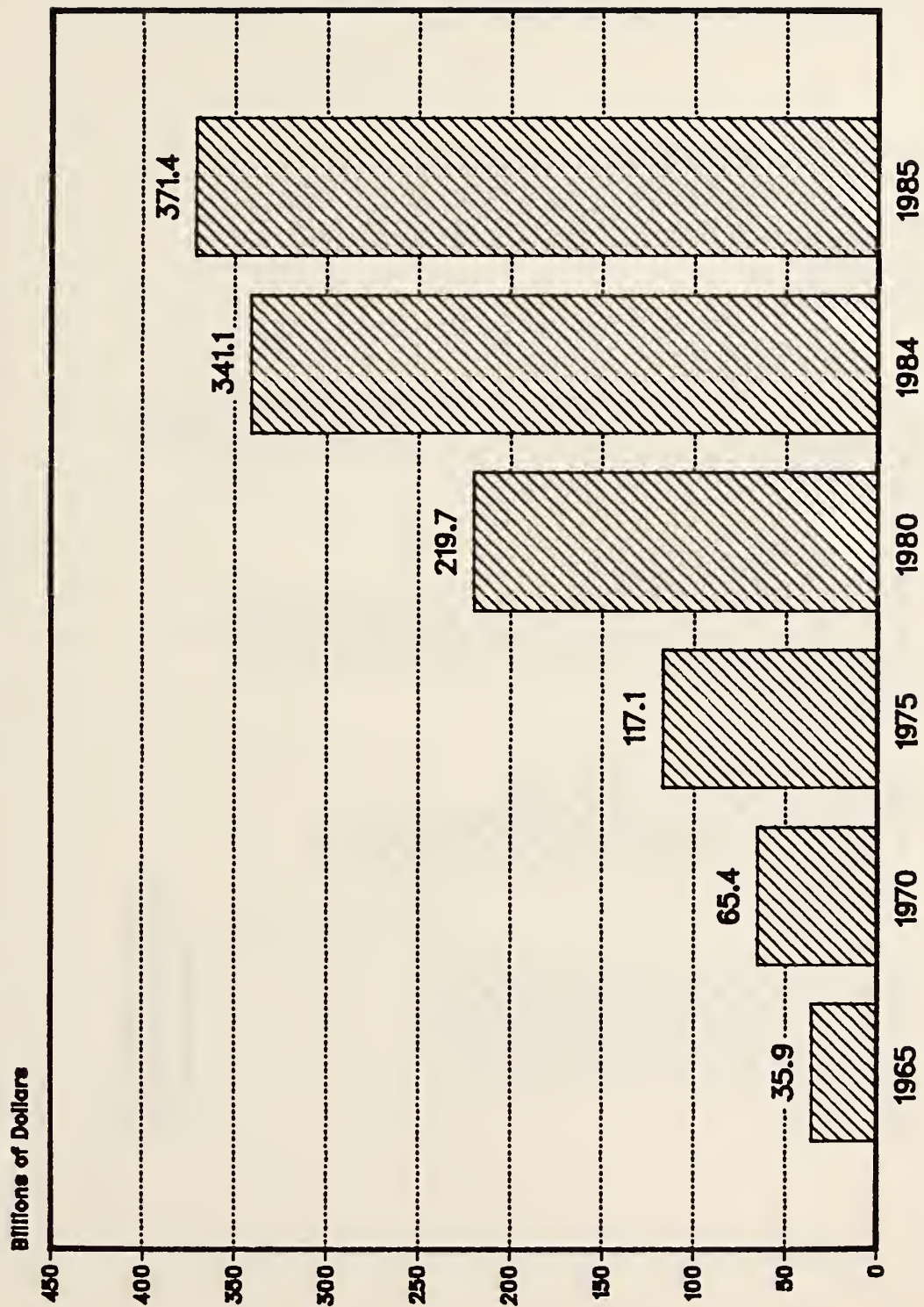
February 1987

Economic Growth vs Growth in National Health Expenditures



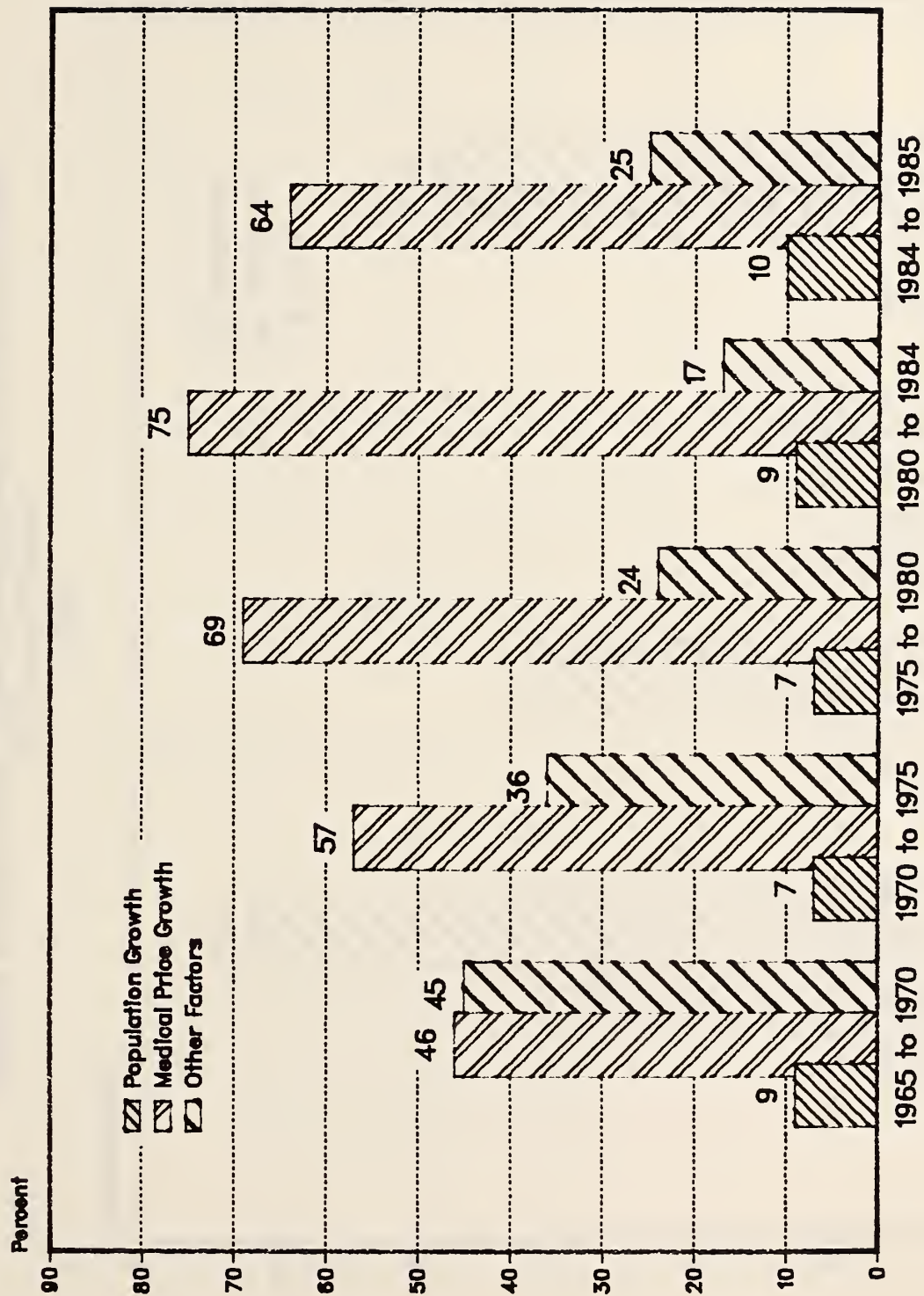


Personal Health Care Expenditures 1965-1985



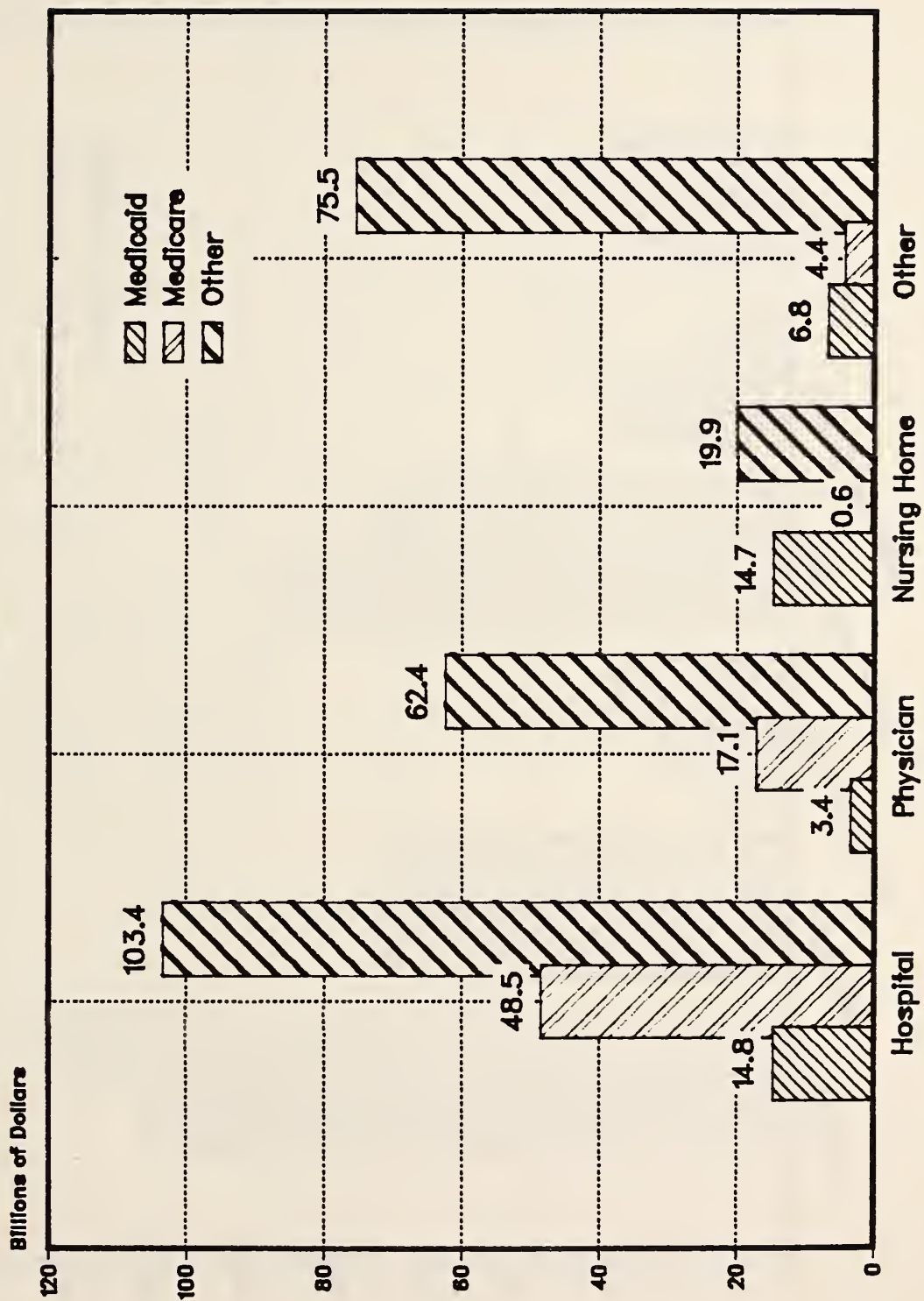


Factors Accounting for the Increase of Personal Health Care Expenditures



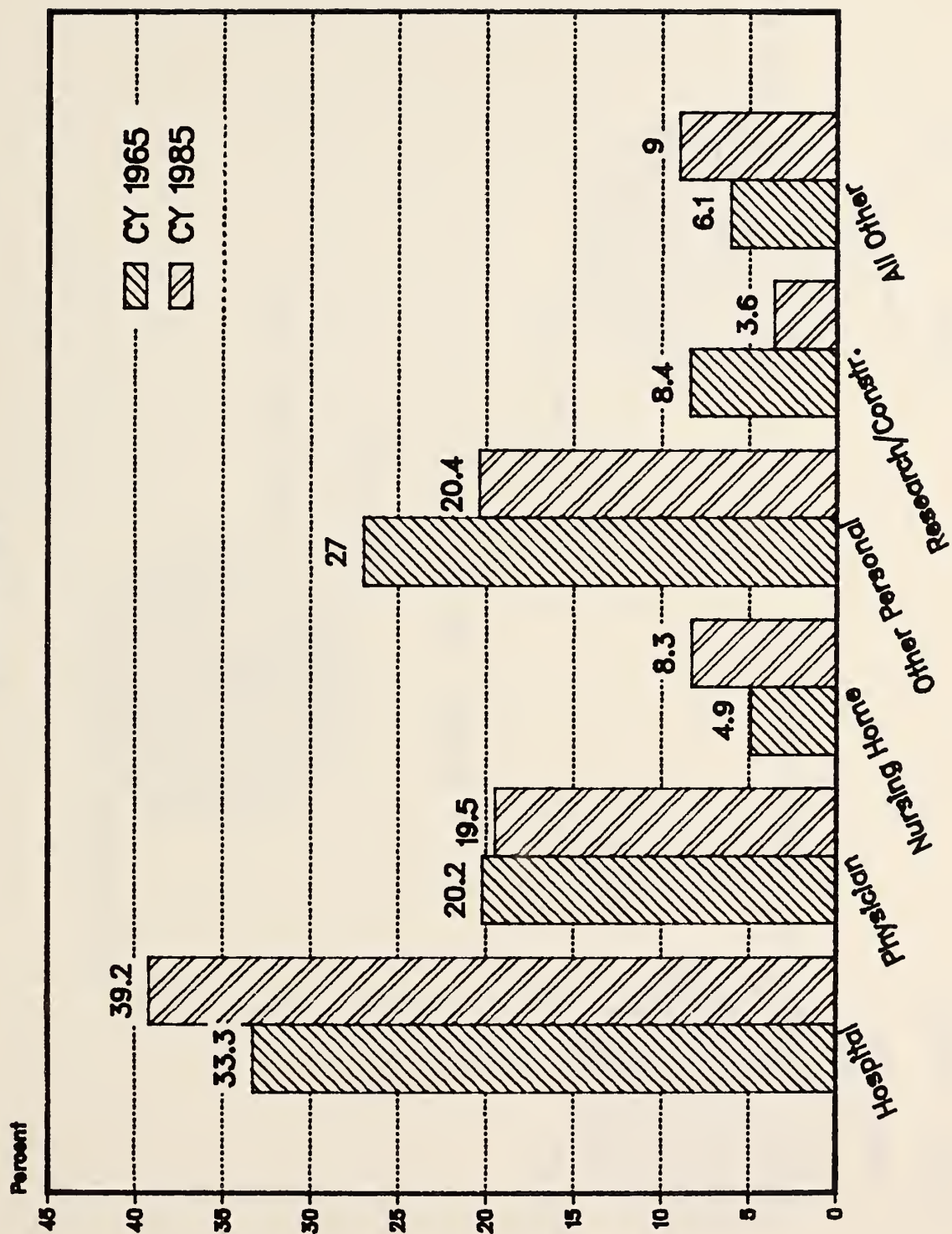


Medicaid, Medicare, and Other Personal Health Care Expenditures By Type of Service 1985

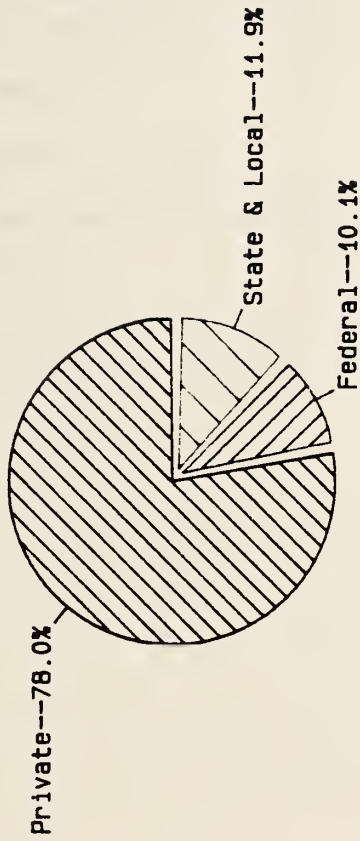




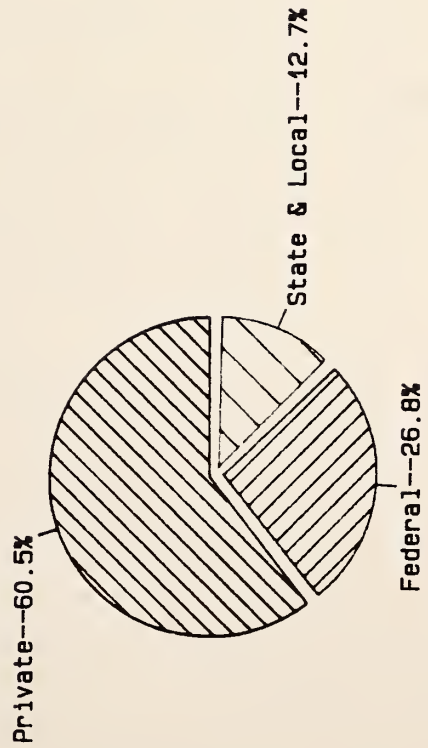
Percent of National Health Expenditures By Type of Service 1965 vs 1985



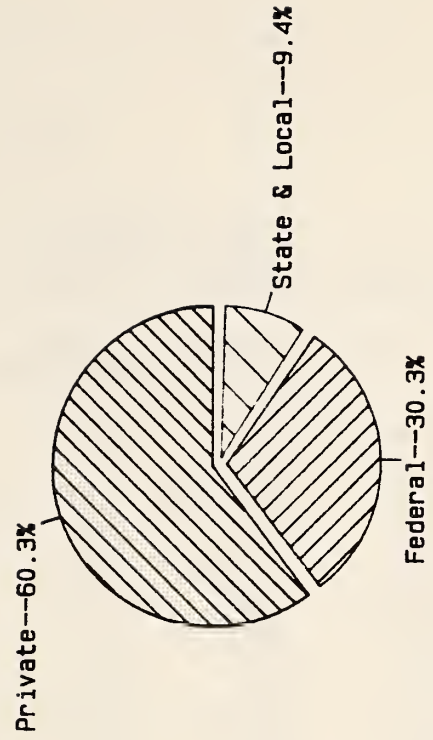
Per Capita Personal Health Care Expenditures By Source of Funds



1965: \$176



1975: \$521



1985: \$1,504

NATIONAL HEALTH CARE/SOURCE OF FUNDS

	Calendar Year					
	1965	1970	1975	1980	1984	1985
Total (billions)	\$41.9	\$75.0	\$132.7	\$248.1	\$390.2	\$425.0
	Percentage Distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Private funds	73.8	63.0	57.5	57.6	59.1	58.9
Direct patient payments	44.1	35.3	28.7	25.4	25.1	24.9
Private health insurance	23.9	22.5	25.0	29.3	31.1	31.4
Philanthropy/in-plant	5.8	5.1	3.8	2.9	2.9	2.7
Federal government	13.2	23.6	27.9	28.6	28.6	29.3
Medicare	--	10.0	12.3	14.8	16.5	17.0
Federal Medicaid	--	4.0	6.0	5.8	5.3	5.5
Other Federal	13.2	9.6	9.7	8.0	6.8	6.8
State/local government	13.0	13.5	14.5	13.8	12.3	11.9
State Medicaid	--	3.3	4.7	4.8	4.5	4.4
Other State/local	13.0	10.2	9.9	8.9	7.7	7.5

Source: HCFA/OACT

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PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year					
	1965	1970	1975	1980	1984	1985
Total (billions)	\$ 35.9	\$ 65.4	\$117.1	\$219.7	\$341.1	\$371.4
	Percentage Distribution					
	1965	1970	1975	1980	1984	1985
Total	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	78.0	65.7	60.5	60.6	60.7	60.3
Direct Patient						
Payments	51.6	40.5	32.5	28.7	28.7	28.4
Private Health						
Insurance	24.2	23.4	26.7	30.7	30.7	30.6
Other	2.2	1.7	1.3	1.2	1.3	1.3
Public Funds	22.0	34.3	39.5	39.4	39.3	39.7
Federal	10.1	22.2	26.8	28.4	29.6	30.3
State and						
Local	11.9	12.1	12.7	10.9	9.7	9.4

Source: HCFA/OACT

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NATIONAL/MEDICAL CARE PRICE INDICATORS

(1967=100)

Fiscal year 1/ Yr. Ending June:	CPI, all items			CPI, all services			Medical care				Medical care commodities			
	Total	Less medical	Total	Less medical	Total	Total	Hospital service charges			Physicians' services	Dentists' services	Total	Prescription drugs	
							Total 2/ room 3/ Operating charges	Hospital room 3/ Operating charges	Medical care services					
														Average annual index
1950	70.9	NA	57.7	NA	53.0	48.7	---	29.7	---	54.7	63.1	87.6	---	
1955	80.2	NA	70.1	NA	64.0	59.6	---	41.4	---	64.3	72.8	94.1	---	
1960	88.0	88.8	82.2	83.9	77.8	73.5	---	55.4	---	76.1	81.5	104.8	---	
1965	93.6	94.1	91.2	92.1	88.3	85.9	---	4/ 73.9	4/ 81.2	4/ 86.8	4/ 90.8	100.3	---	
1966	95.7	96.0	93.6	94.5	90.9	89.0	---	78.4	85.1	90.2	93.4	100.3	---	
1967	98.6	98.8	98.0	98.4	96.8	96.1	---	92.0	93.9	96.9	97.6	100.4	---	
1968	101.9	101.9	102.3	102.1	103.0	103.7	---	106.7	105.5	102.8	102.7	100.1	101.1	
1969	106.8	106.7	108.7	108.3	109.7	111.6	---	121.1	119.9	109.0	108.8	100.6	98.6	
1970	113.1	113.0	116.9	116.6	116.7	119.8	---	136.6	135.2	117.0	116.1	102.2	100.5	
1971	119.0	118.7	125.4	124.9	124.8	129.1	---	154.7	149.7	125.8	123.1	104.7	101.0	
1972	123.3	122.9	131.0	130.3	130.7	136.0	---	169.3	162.4	132.3	130.1	105.6	101.4	
1973	128.2	127.9	135.6	134.9	134.7	140.9	103.7	177.8	174.1	135.7	134.1	105.7	100.6	
1974	139.7	139.6	144.4	143.6	142.4	149.9	108.7	188.4	185.8	142.5	140.0	106.8	101.0	
1975	155.2	154.9	160.0	158.4	160.2	169.9	124.0	219.3	222.4	160.7	155.1	114.3	106.1	
1976	166.2	165.6	173.5	171.2	176.5	187.9	140.6	252.6	255.9	179.0	167.1	122.5	112.3	
Sept:														
1975	158.4	158.1	163.4	161.6	164.6	174.7	128.3	228.0	231.7	165.0	158.7	116.6	107.8	
1976	168.4	167.7	177.1	174.6	180.5	192.3	144.8	260.6	265.2	183.9	169.5	124.2	113.8	
1977	178.7	177.5	190.7	187.2	198.0	211.9	160.2	291.9	302.6	201.6	181.7	131.9	120.1	
1978	191.3	189.9	206.1	202.3	214.8	230.3	NA	322.8	NA	218.7	194.7	141.1	129.2	
1979	211.0	209.6	227.2	223.1	234.3	252.2	NA	361.1	NA	238.2	210.5	151.1	139.2	
1980	239.7	238.4	261.6	257.8	259.4	280.2	NA	405.0	NA	262.5	233.5	164.1	151.3	
1981	266.2	264.8	295.9	292.4	286.2	309.1	NA	463.0	NA	290.8	257.1	181.6	167.5	
1982	286.0	283.9	328.9	324.7	320.2	346.6	NA	538.8	NA	320.9	279.6	200.9	187.3	
1983	296.0	292.9	341.7	335.2	351.6	380.9	NA	605.4	NA	346.1	296.7	219.3	208.9	
1984	308.1	304.4	358.2	350.9	373.9	404.5	NA	658.7	NA	371.2	321.3	235.4	228.9	
1985	319.4	315.1	376.8	368.9	396.8	428.2	NA	702.5	NA	392.6	343.4	252.5	251.2	
1986	327.3	321.9	396.1	386.7	425.5	459.7	NA	740.1	NA	419.9	362.3	269.4	272.9	

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the good or service priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

2/January 1972=100

3/Revised title. Prior to January 1978 reflects semi-private room charges.

4/Data not reported for March 1964 and 1965. Price indexes derived by averaging surrounding quarterly indexes.

5/Based on sum of monthly figures for given years.

Source: HCFA/OACT and Bureau of Labor Statistics, Department of Labor

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NATIONAL/MEDICAL CARE PRICE INDICATORS

(1967=100)

Fiscal year 1/ Yr. Ending June:	CPI, all items			CPI, all services			Medical care				
	Less medical			Total			Medical care services				
	Total			Less medical			Hospital service charges				
	Total	Less medical	Total	Total	Less medical	Total	Total 2/ room 3/ charges	Physicians' services	Dentists' services	Total	Prescription drugs
	Percentage change from preceding year 5/										
1960	1.4	1.3	3.3	3.2	3.2	3.9	4.4	5.9	---	1.3	---
1965	1.3	1.3	2.0	1.5	1.5	2.1	2.6	5.3	3.3	2.9	---
1966	2.2	2.0	2.6	2.6	2.6	2.9	3.6	6.1	4.8	2.9	---
1967	3.0	2.6	4.7	4.1	4.1	6.5	8.0	17.3	10.3	4.5	---
1968	3.3	3.1	4.4	3.8	3.8	6.4	7.9	15.9	12.4	5.2	-2.1
1969	4.8	4.7	6.3	6.1	6.1	6.5	7.6	13.5	13.6	5.9	-4
1970	5.9	5.9	7.5	7.7	7.7	6.4	7.3	12.8	12.8	6.7	1.9
1971	5.2	5.0	7.3	7.1	7.1	6.9	7.8	13.3	10.7	6.0	.5
1972	3.6	3.5	4.5	4.3	4.3	4.7	5.3	9.4	8.5	5.2	.4
1973	4.0	4.1	3.5	3.5	3.5	3.1	3.6	5.0	7.2	3.1	-8
1974	9.0	9.1	6.5	6.4	6.4	5.7	6.4	6.0	6.7	4.4	.4
1975	11.1	11.0	10.8	10.3	10.3	12.5	13.3	16.4	19.7	10.8	5.0
1976	7.1	6.9	8.4	8.1	8.1	10.2	10.6	15.2	15.1	7.7	5.8
1975	10.3	10.2	10.3	9.8	9.8	12.5	13.1	15.1	20.5	10.9	5.9
1976	6.3	6.1	8.4	8.0	8.0	9.7	10.1	14.3	14.5	6.8	5.6
1977	6.1	5.8	7.7	7.2	7.2	9.7	10.2	12.0	14.1	7.2	5.5
1978	7.1	7.0	8.1	8.1	8.1	8.5	8.7	10.6	---	7.2	7.6
1979	10.3	10.4	10.2	10.3	10.3	9.1	9.5	11.9	---	8.1	7.7
1980	13.6	13.7	15.1	15.6	15.6	10.7	11.1	12.2	---	10.2	8.7
1981	11.1	11.1	13.1	13.4	13.4	10.3	10.3	14.3	---	10.8	10.7
1982	7.4	7.2	11.2	11.0	11.0	11.9	12.1	16.4	---	8.8	11.8
1983	3.5	3.2	3.9	3.2	3.2	9.8	9.9	12.4	---	6.1	11.5
1984	4.1	3.9	4.8	4.7	4.7	6.3	6.2	8.8	---	7.3	9.6
1985	3.7	3.5	5.2	5.1	5.1	6.1	5.9	6.6	---	6.9	9.7
1986	2.5	2.2	5.1	4.8	4.8	7.2	7.4	5.4	---	5.5	8.6

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the good or service priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

2/January 1972=100

3/Revised title. Prior to January 1978 reflects semi-private room charges.

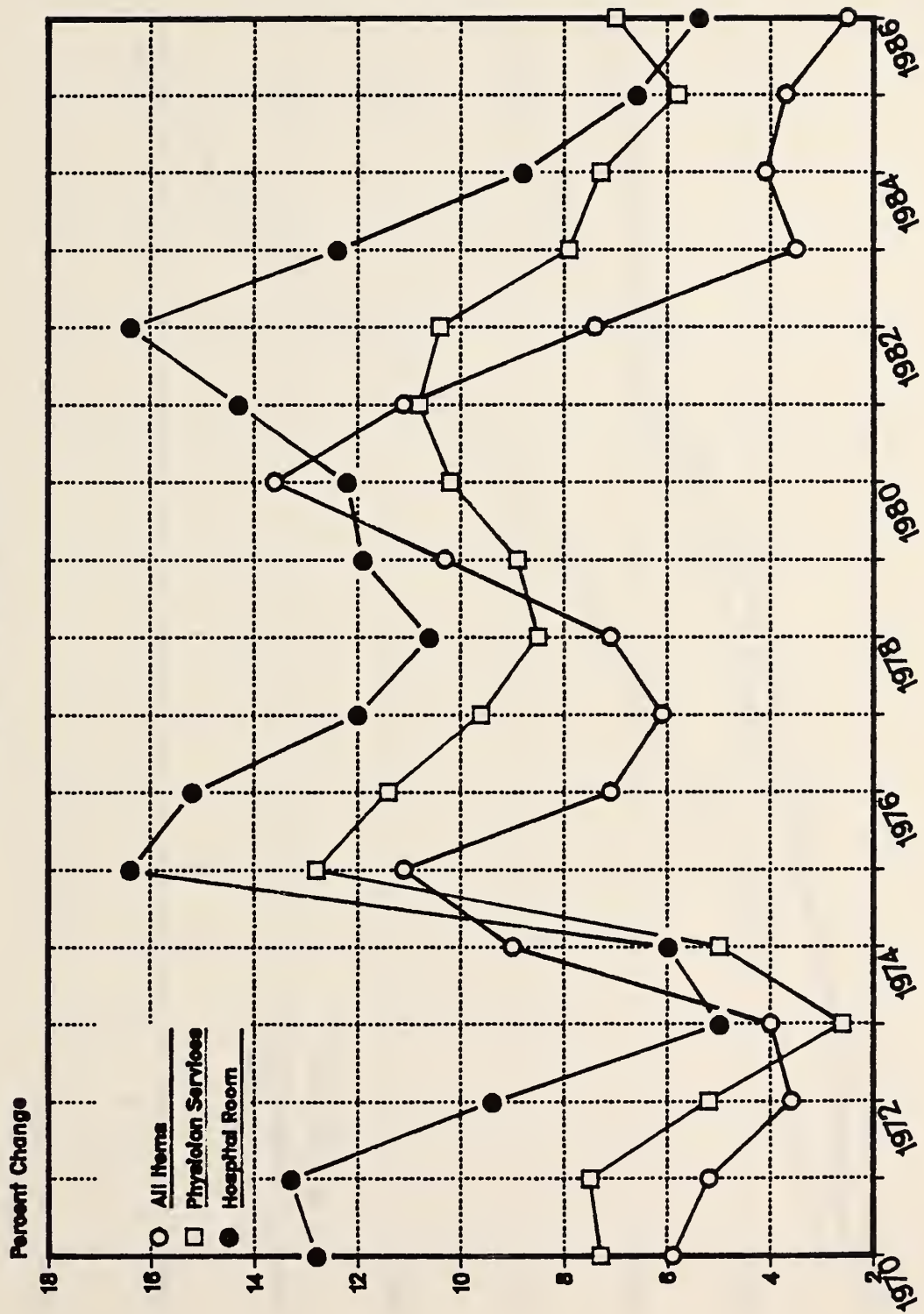
4/Data not reported for March 1964 and 1965. Price indexes derived by averaging surrounding quarterly indexes.

5/Based on sum of monthly figures for given years.

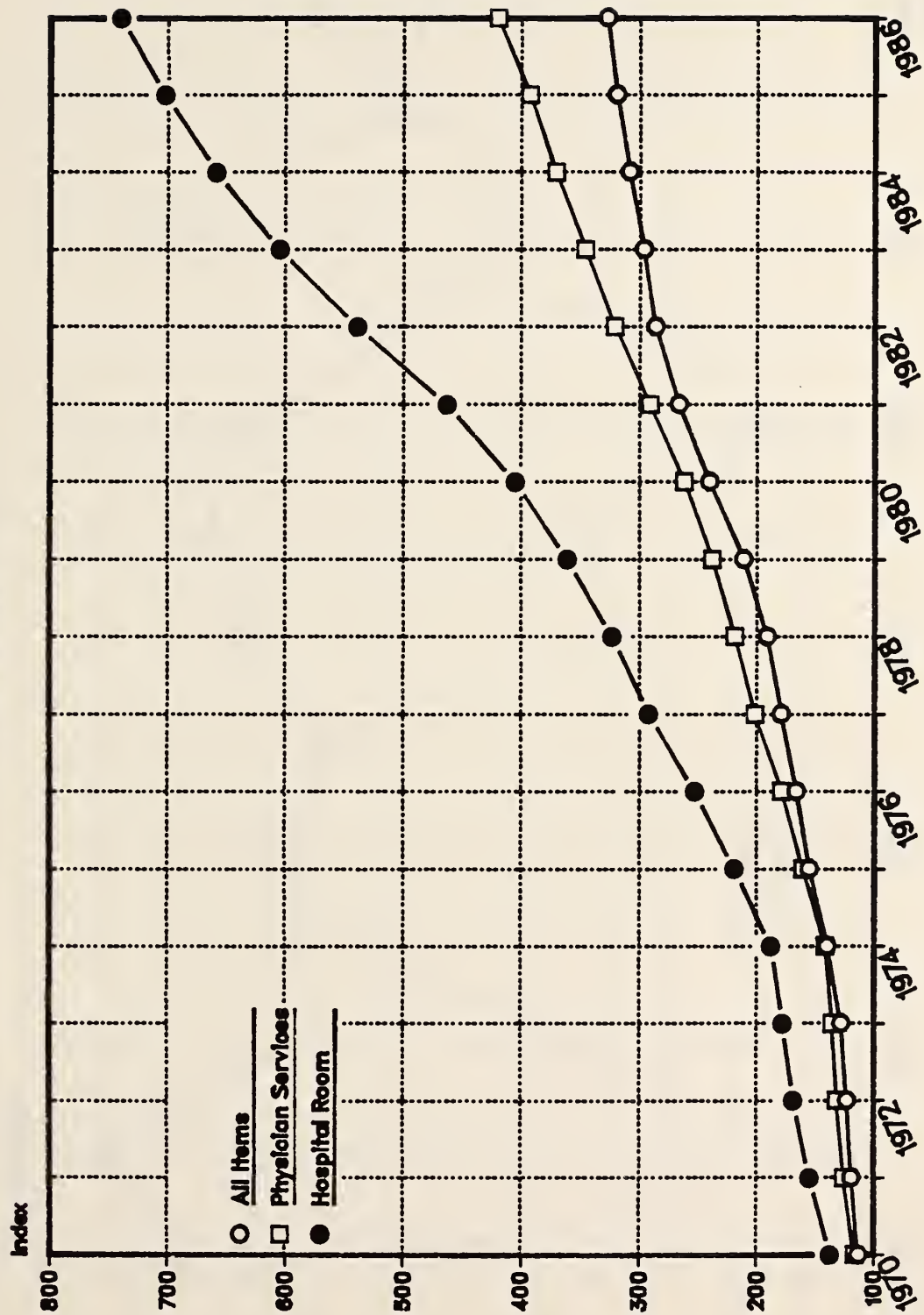
Source: HCFA/OACT and Bureau of Labor Statistics, Department of Labor

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Consumer Price Indexes
Annual Percentage Change
Fiscal Years 1970-1986

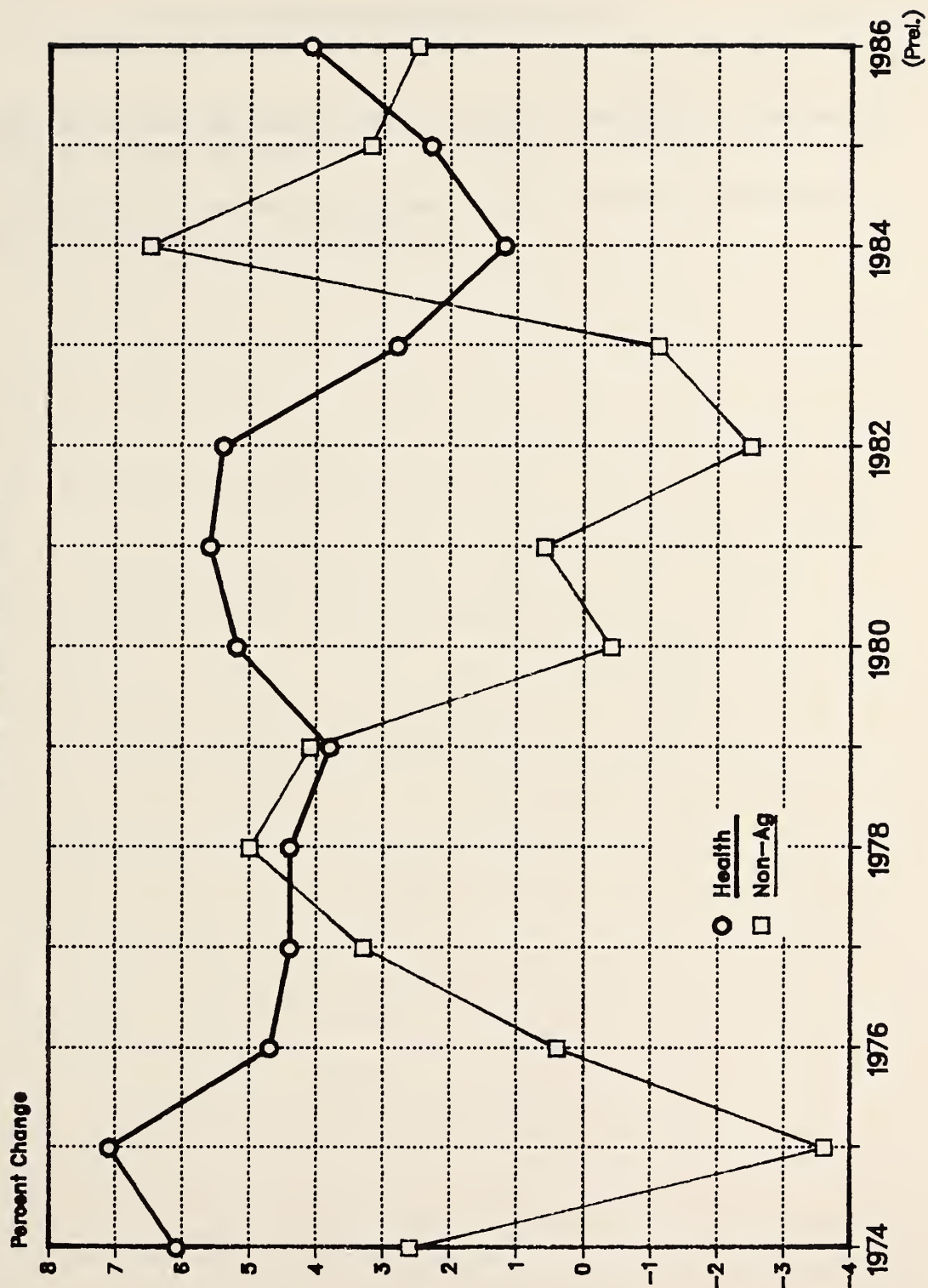


Selected Consumer Price Indexes
Fiscal Years 1970-1986
(1967=100)





Workhours in Private Health Care Establishments vs All Non-Agricultural Establishments Fiscal Years 1974-1986





IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to-day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.

MEDICARE/OPERATIONS OF THE HI TRUST FUND

Fiscal Year 1/	Payroll taxes	Income				Disbursements				Trust Fund			
		Transfers from railroad retirement account	Reimburse- ment for uninsured persons	Premiums from voluntary enrollees	Reimburse- ment for military wage credits	Interest on investments and other income 2/	Total income 2/	Benefits payments 3/	Adminis- trative expenses 4/	Total disburse- ments	Interfund borrowing transfers 5/	Net increase in fund	Fund at end of year
1967	\$2,689	\$16	\$327		\$11	\$46	\$3,089	\$2,508	\$89	\$2,597		\$492	\$1,343
1968	3,514	44	273		11	61	3,902	3,736	79	3,815		88	1,431
1969	4,423	54	749		22	96	5,344	4,654	104	4,758		586	2,017
1970	4,785	64	617		11	137	5,614	4,804	149	4,953		661	2,677
1971	4,898	66	863		11	180	6,018	5,442	150	5,592		426	3,103
1972	5,226	66	503		48	188	6,031	6,108	167	6,276		-245	2,859
1973	7,663	63	381		48	196	8,352	6,648	194	6,842		1,510	4,369
1974	10,602	99	451	\$4	48	405	11,610	7,806	259	8,065		3,545	7,914
1975	11,291	132	481	6	48	609	12,568	10,353	259	10,612		1,956	9,870
1976	12,031	138	610	8	48	709	13,544	12,267	312	12,579		966	10,836
T.O.	3,366	143	0 6/	2	0	5	3,516	3,315	89	3,404		112	10,948
1977	13,649	0 7/	803 5/	11	141	770	15,374	14,906	301	15,207		167	11,115
1978	16,677	214 7/	688	12	143 8/	809	18,543	17,411	451	17,862		681	11,796
1979	19,927	191	734	17	141	901	21,910	19,891	452	20,343		1,567	13,363
1980	23,244	244	697	17	141	1,072	25,415	23,790	497	24,288		1,127	14,490
1981	30,425	276	659	21	141	1,341	32,863	28,907	353	29,260		3,603	18,093
1982	34,390	351	808	25	207	1,829	37,611	34,343	521	34,864		2,747	20,840
1983	36,387	358	878	26	3,663 9/	2,629	43,940	38,102	522	38,624	\$-12,437	-7,121	13,719
1984	41,364	351	752	35	250	2,812	45,563	41,476	633	42,108		3,455	17,174
1985	46,490	371	766	38	86	3,182	50,933	47,841	813	48,654	1,824	4,103	21,277
1986	53,020	364	566	40	-714 10/	3,167	56,442	49,018	667	49,685	10,613	17,370	38,648

1/ For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.," the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

2/ Other income includes recoveries of amounts reimbursed from the Trust Fund which are not obligations of the trust fund and other miscellaneous income.

3/ Includes costs of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

4/ Includes costs of experiments and demonstration projects.

5/ A loan to the OASI Trust Fund would still be an asset to the HI trust fund. However, since these assets are not immediately available for payment of HI benefits, they are subtracted out of the HI fund in the year the loan is made. A negative amount is a loan to the OASI trust fund. Repayments of principal are added back into the fund in the year repayment is made. A positive amount is a repayment of principal to the HI trust fund.

6/ The 1977 transfer is for benefits and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

7/ The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

8/ Includes \$2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

9/ Includes the lump sum general revenue transfer of \$3,456 million as provided for by Section 151 of P.L. 98-21.

10/ Includes the lump sum general revenue transfer of -\$805 million as provided for by Section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: HCFA/OACT

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MEDICARE/OPERATIONS OF THE SMI TRUST FUND

Fiscal year 1/	Income			Disbursements			Balance in fund at end of year 4/
	Premiums from participants	Government contributions 2/	Interest and other income 3/	Total income	Benefit payments	Administrative expenses	Total disbursements
(in millions)							
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 5/	\$799
1968	698	634	21	1,353	1,390	142	1,532
1969	903	984	24	1,911	1,645	195	1,840
1970	936	928	12	1,876	1,979	217	2,196
1971	1,253	1,245	18	2,516	2,035	248	2,283
1972	1,340	1,365	29	2,734	2,255	289	2,544
1973	1,427	1,430	45	2,902	2,391	246	2,637
1974	1,704	2,029	76	3,809	2,874	409	3,283
1975	1,887	2,330	105	4,322	3,765	405	4,170
1976	1,951	2,939	104	4,994	4,672	528	5,200
T.Q.	539	878	4	1,421	1,269	132	1,401
1977	2,193	5,053	137	7,383	5,867	475	6,342
1978	2,431	6,386	228	9,045	6,852	504	7,356
1979	2,635	6,841	363	9,839	8,259	555	8,814
1980	2,928	6,932	415	10,275	10,144	593	10,737
1981	3,320	8,747	372	12,439	12,345	883	13,228
1982	3,831	13,323	473	17,627	14,806	754	15,560
1983	4,227	14,238	682	19,147	17,487	824	18,311
1984	4,907	16,811	807	22,525	19,473	899	20,372
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1986	5,699	18,076	1,228	25,004	25,169	1,049	26,217

1/ For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.," the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

2/ The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

3/ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

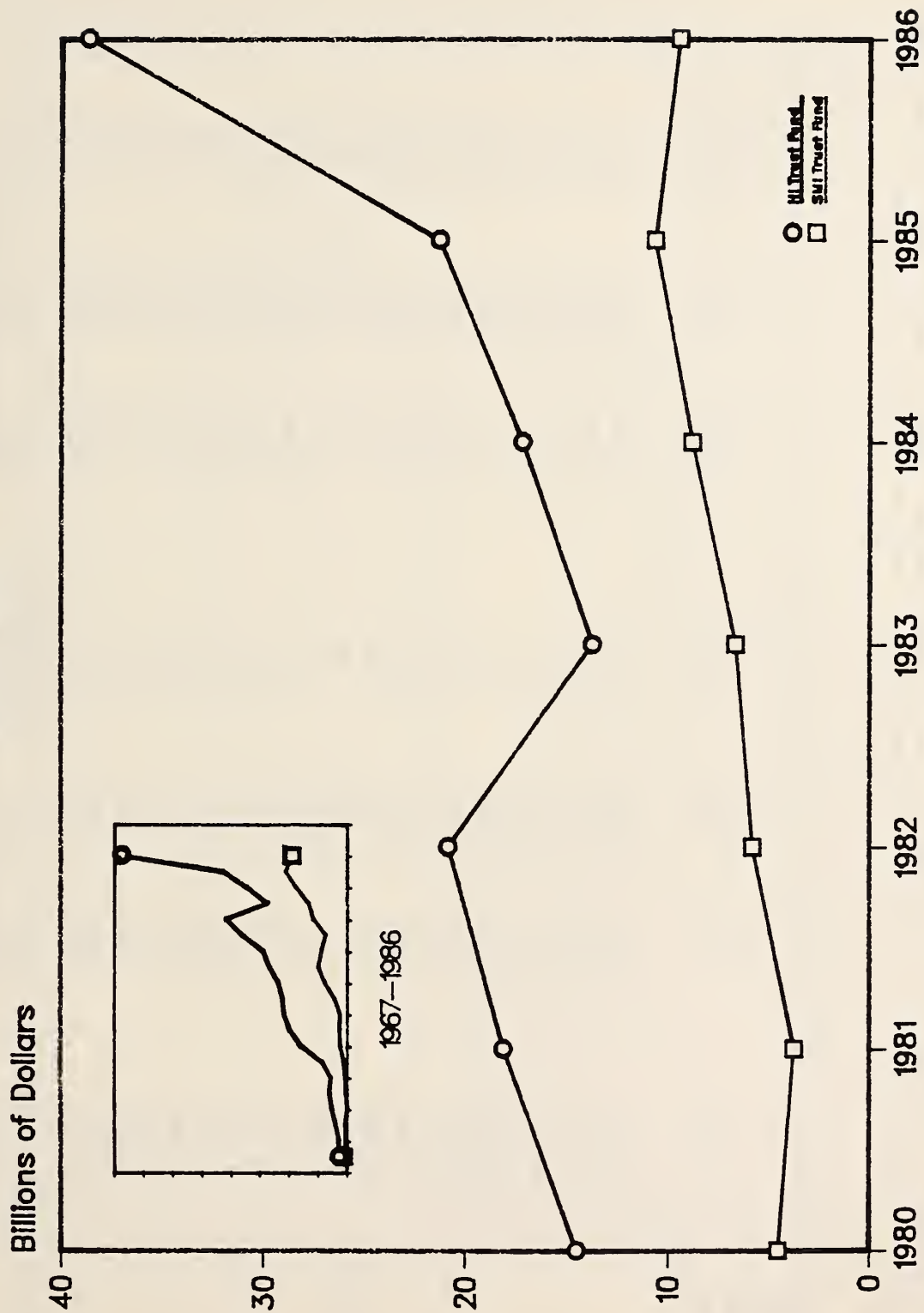
4/ The financial status of the program depends on both the total net assets and the liabilities of the program.

5/ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

Source: HCFA/C&CT

February 1987

Medicare HI & SMI Trust Fund Balances 1980-1986



MEDICARE/SMI TRUST FUND INCOME

Fiscal Year	Total income (less interest)	Premiums from Participants			Government contributions 1/		
		Total	Aged	Disabled (in millions)	Total	Aged	Disabled
1967	\$1,270	\$647	\$647	N/A	\$623	\$623	N/A
1968	1,332	698	698	N/A	634	634	N/A
1969	1,886	903	903	N/A	983	983	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	\$125	2,029	1,577	\$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
Trans. Qtr.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,601	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,491	5,699	5,200	500	18,076	15,696	2,381
Percent change							
1967-1986	1,750	781	704	N/A	2,801	2,419	N/A
1974-1986	529	234	229	300	791	895	427
1984-1985	8	13	13	9	6	9	-4
1985-1986	0	3	3	4	1	4	-16
1/ Includes interest on delayed transfers from general funds.							

NOTE: Parts may not add to total due to rounding. For more detail on fund transactions see "Annual Reports of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1988 the monthly premium for aged enrollees be kept at a constant 25% of expected monthly cost, i.e., one half the actuarial rate.

Source: HCFA/OACT

February 1987

MEDICARE/RATIO OF SMI BENEFIT PAYMENTS TO PREMIUM INCOME

- o Expressed as a ratio, \$4.30 are paid out in benefits for aged beneficiaries for every dollar of premiums paid in by or on behalf of aged enrollees. For the disabled, \$6.00 are paid out in benefits for each dollar paid in by disabled enrollees.
- o Benefit payments have risen almost 3,700% from \$664 million in 1967 to \$25.2 billion in 1986.

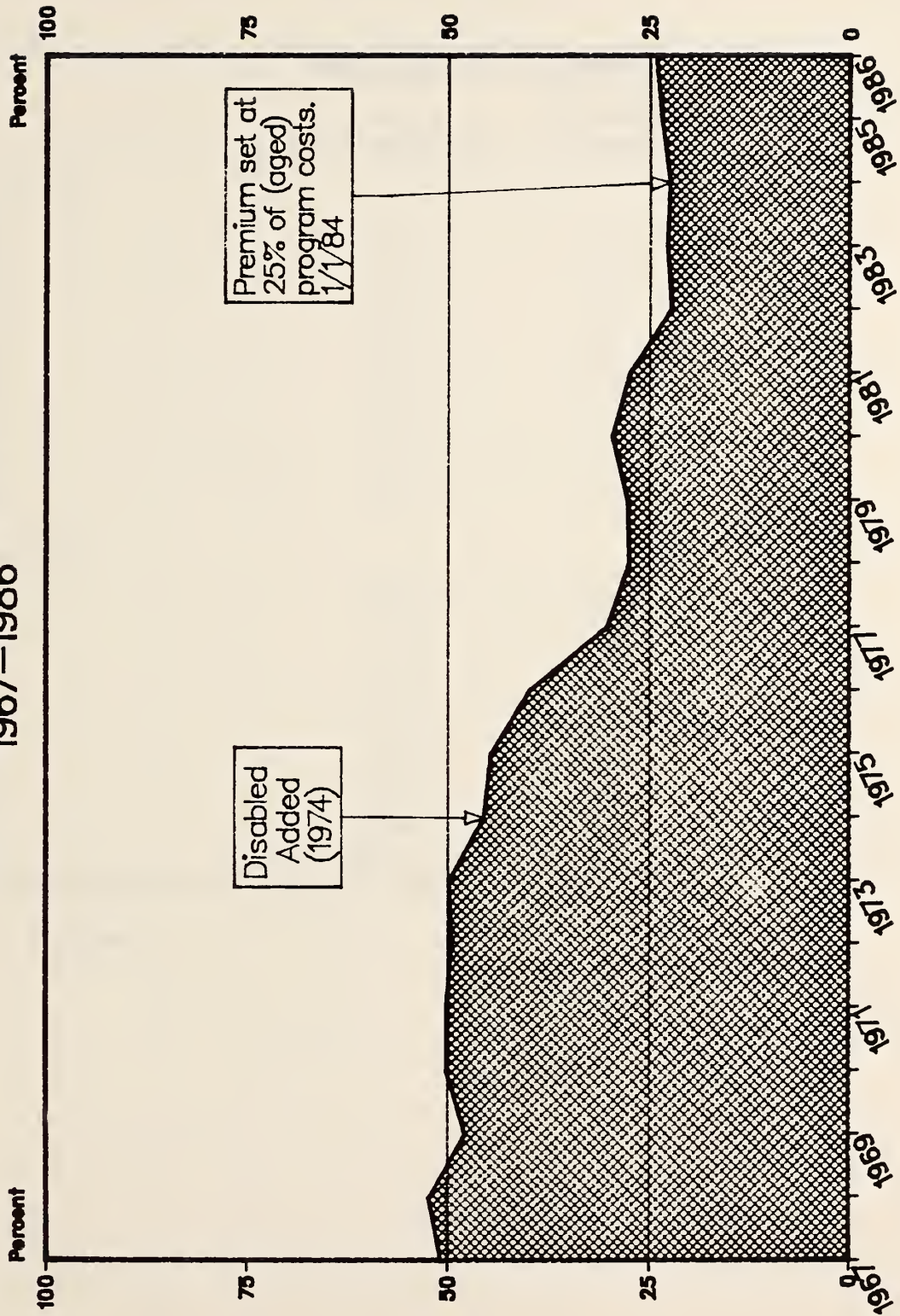
Fiscal Year	Benefit Payments			Ratio of benefit payments to premium income		
	Total	Aged	Disabled	Total	Aged	Disabled
	(in millions)					
1967	\$664	\$664	N/A	1.0	1.0	N/A
1968	1,390	1,390	N/A	2.0	2.0	N/A
1969	1,645	1,645	N/A	1.8	1.8	N/A
1970	1,979	1,979	N/A	2.1	2.1	N/A
1971	2,035	2,035	N/A	1.6	1.6	N/A
1972	2,255	2,255	N/A	1.7	1.7	N/A
1973	2,391	2,391	N/A	1.7	1.7	N/A
1974	2,874	2,555	\$319	1.7	1.6	2.6
1975	3,765	3,312	453	2.0	1.9	3.0
1976	4,672	4,064	608	2.4	2.3	3.6
Trans. Qtr.	1,269	1,083	186	2.4	2.2	4.0
1977	5,867	5,035	832	2.7	2.5	4.0
1978	6,852	5,821	1,031	2.8	2.7	4.2
1979	8,259	6,964	1,295	3.1	2.9	4.9
1980	10,144	8,512	1,632	3.5	3.2	5.6
1981	12,345	10,382	1,963	3.7	3.5	5.9
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,845	2,628	4.0	3.8	5.9
1985	21,808	19,075	2,733	3.9	3.8	5.7
1986	25,169	22,180	2,989	4.4	4.3	6.0
Percent change						
1967-1986	3,691	3,240	N/A			
1974-1986	776	570	837			
1984-1985	12	13	4			
1985-1986	15	16	9			

NOTE: For more detail on fund transactions, see "Annual Reports of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

Source: HCFA/OACT

February 1

Medicare Premiums as a Percent of Total SMI Trust Fund Income 1967-1986



MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

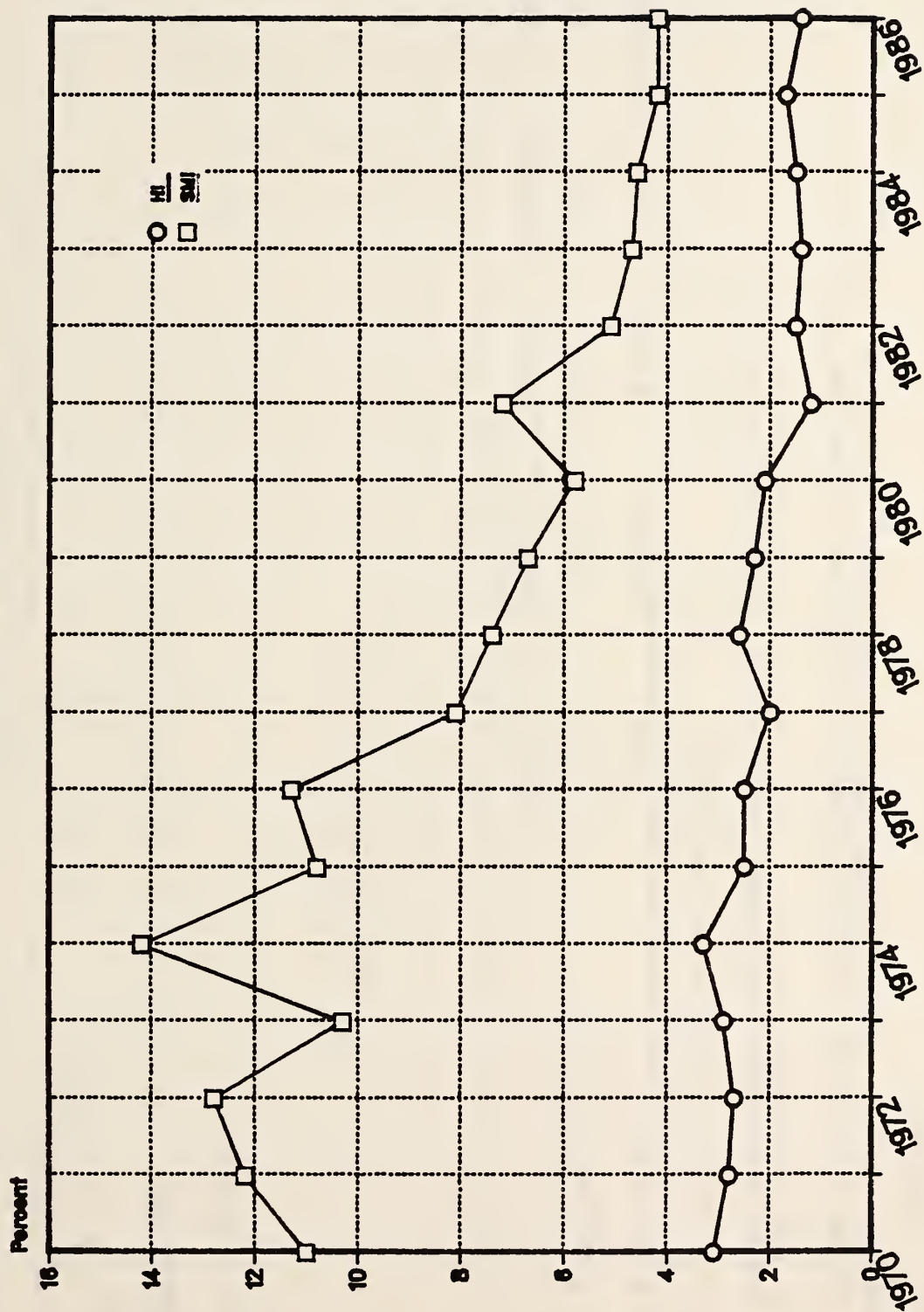
Fiscal Year	Administrative	Expenses
	Amount (in millions)	As a percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
SMI Trust Fund		
1967	\$135 <u>1/</u>	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2

1/ Includes expenses paid in fiscal years 1966 and 1967.

Source: HCFA/OACT

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Medicare Administrative Expenses Percent of Benefit Payments 1970-1986





MEDICARE/CONTRACTS

	Part A	Part B
Blue Cross/Blue Shield	47	27
Other	7	8
(January 1987)		

Source: HCFA/BPO

MEDICARE/CLAIMS PROCESSING

	Net Unit Cost Per Claim*				
	FY 1975	FY 1980	FY 1984	FY 1985	FY 1986
Part A Intermediaries 1/	\$3.84	\$2.96	\$2.65	\$2.33	\$1.96
Part B Carriers 2/	\$2.90	\$2.33	\$2.04	\$1.88	\$1.75

* Data collected differently and recalculated.

1/ Includes direct costs and overhead costs for Bill Payment and Reconsideration and Hearings lines.

2/ Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, Beneficiary/Physician Inquiries line.

Source: HCFA/BPO

February 1987

INTERMEDIARY PROCESSING TIMES

YEAR	PROCESSING-TRANSIT DAYS			INTERMEDIARY DAYS		
	MEAN	MEDIAN	30 DAYS OR LESS	MEAN	MEDIAN	30 DAYS OR LESS
***** INPATIENT *****						
FY 1982	17.5	12.9	90.4	6.6	3.2	97.3
FY 1983	15.3	12.6	94.3	5.5	3.2	98.2
FY 1984	19.0	14.7	89.3	7.2	3.6	96.5
FY 1985	32.5	17.4	72.5	9.0	3.2	94.3
FY 1986	36.4	18.8	71.9	13.8	5.2	90.9
***** OUTPATIENT *****						
FY 1982	18.6	14.7	90.0	8.5	6.1	97.3
FY 1983	17.6	14.4	93.2	7.3	5.9	98.5
FY 1984	19.8	16.7	89.4	8.4	6.4	97.6
FY 1985	34.1	19.5	71.0	1/	1/	1/
FY 1986	38.2	19.9	69.0	13.5	5.4	92.1
***** SNF *****						
FY 1982	23.1	16.4	84.0	13.2	6.4	92.1
FY 1983	19.5	14.7	89.9	8.6	4.0	95.6
FY 1984	24.3	19.5	80.9	11.0	6.0	93.6
FY 1985	42.6	30.3	50.4	17.9	9.8	85.5
FY 1986	51.4	35.2	41.1	29.1	16.9	72.2
***** HHA *****						
FY 1982	21.1	14.4	86.5	11.4	5.8	94.1
FY 1983	19.2	14.5	89.9	9.4	5.7	96.2
FY 1984	23.1	18.0	83.5	11.5	6.9	94.8
FY 1985	33.2	21.6	68.3	1/	1/	1/
FY 1986	50.2	31.8	47.9	24.8	14.3	76.1

1/ Data not available due to systems problems in HCFA central office

NOTE: Through FY 1986, "processing time" is defined as the time interval between date of claim receipt to date of claim approval. Beginning in 1987, "processing time" is defined as the time interval between the date of claim receipt and the date of claim payment.

Source: HCFA/BPO

February 1987

CARRIER PROCESSING TIMES

YEAR	AVERAGE PROCESSING DAYS	PERCENT PROCESSED IN		
		1-15 DAYS	1-30 DAYS	1-60 DAYS
	*****	ALL HCFA-1500S		
FY 1982	10.4	82.8	94.2	98.8
FY 1983	9.9	84.7	95.2	99.1
FY 1984	11.5	79.3	93.8	98.7
FY 1985	14.9	66.5	90.0	97.7
FY 1986	18.4	54.1	84.7	96.9
	*****	ASSIGNED HCFA-1500S		
FY 1982	9.8	84.6	95.1	98.8
FY 1983	9.3	86.3	95.8	99.1
FY 1984	10.9	81.2	94.4	98.8
FY 1985	14.1	68.9	90.7	97.9
FY 1986	16.9	58.2	86.6	97.2
	*****	UNASSIGNED HCFA-1500		
FY 1982	11.1	80.8	93.3	98.7
FY 1983	10.6	82.9	94.6	99.1
FY 1984	12.3	76.8	93.1	98.6
FY 1985	16.6	61.5	88.7	97.3
FY 1986	21.6	44.9	80.4	96.0

NOTE: Through FY 1986, "processing time" is defined as the time interval between date of claim receipt to date of claim approval. Beginning in 1987, "processing time" is defined as the time interval between the date of claim receipt and the date of claim payment.

Source: HCFA/BPO

February 1987

- o The proportion of Medicare SMI claims with some charge reduction^{1/} increased slightly in the last year.

Year	Claims Approved		Total Covered Charges		
	Number (in thousands)	Percent Reduced	Amount (in millions)	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
FY 1980	70,937	80.0	\$ 6,878	22.5	\$21.81
FY 1981 <u>2/</u>	78,952	82.7	8,546	23.9	25.84
FY 1982 <u>2/</u>	88,185	83.1	10,633	24.3	29.32
FY 1983	100,087	82.4	13,134	23.8	31.20
FY 1984	118,221	80.3	15,591	24.7	32.62
FY 1985	168,587	81.7	20,743	27.0	33.19
FY 1986	188,075	82.5	24,108	28.4	36.43
<u>Unassigned (HCFA-1490/1500)</u>					
FY 1980	66,207	83.7	\$ 6,527	22.3	\$21.96
FY 1981 <u>2/</u>	71,632	85.7	7,607	23.7	25.13
FY 1982 <u>2/</u>	78,166	85.6	9,117	24.1	28.10
FY 1983	85,966	83.9	10,610	23.1	28.48
FY 1984	90,866	83.1	11,429	23.6	29.69
FY 1985	77,646	84.6	10,051	25.6	33.12
FY 1986	84,853	84.9	10,581	26.6	33.15

^{1/} Reasonable charge reduction - the total dollar amount reduced as a result of a reasonable charge determination made by a carrier which is the lowest of 1) the customary charge; 2) the prevailing charge; or, 3) the actual charge.

^{2/} Excludes data for Texas Blue Shield.

Source: HCFA/BQC

February 1987

MEDICAID ADMINISTRATION*
(in thousands of dollars)

	FY 1984 <u>1/</u>	FY 1985 <u>1/</u>	FY 1986 <u>2/</u>
Total Payments Computable for Federal Funding	<u>\$1,639,558</u>	<u>\$2,000,081</u>	<u>\$2,125,260</u>
Federal Share of Current Expenditures:			
Family Planning	\$ 3,915	\$ 7,338	\$ 8,766
Design, Development or Installation of MMIS <u>3/</u>	14,502	26,038	25,163
Skilled Professional Medical Personnel	138,485	154,625	166,007
Operation of an Approved MMIS	275,383	299,932	331,529
Other Financial Participation	514,101	570,431	693,625
Mechanized Systems Not Approved Under MMIS	26,200	29,194	17,260
Total Administration	<u>\$ 972,586</u>	<u>\$1,087,558</u>	<u>\$1,242,350</u>
Net Adjusted Federal Share	<u>\$1,083,044 <u>4/</u></u>	<u>\$1,201,966 <u>4/</u></u>	<u>\$1,260,334</u>

1/ Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (Current Expenditures only).

2/ Source: Form HCFA-251, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1986.

3/ Medicaid Management Information System.

4/ Includes Federal Share of current expenditures from Form HCFA-64. 10 plus State reported and HCFA adjustments.

* The effect of Section 2161 of the Omnibus Budget Reconciliation Act of 1981 is not included in this schedule.

Source: HCFA/BPO

February 1987

V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligibility category distributions are included.

MEDICARE ENROLLMENT/COVERAGE

- o Ninety-one percent of the Medicare population is age 65 and over.
- o An estimated 95-98 percent of the total aged population has some type of Medicare Coverage.
- o Ninety-five percent of the total Medicare population is covered by both Part A and Part B.
- o Four percent of the total Medicare population has Part A only coverage.
- o Less than 2 percent of the total Medicare population has Part B only coverage.
- o Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; 3 percent are entitled to RRB benefits; less than 2 percent are not insured by SSA or RRB.
- o Eighty percent of disabled persons entitled to Medicare are workers; 16 percent are persons disabled in childhood prior to age 22; 3 percent are disabled widows or widowers; 1 percent are entitled because of ESRD only.

	Total	Aged	Disabled
July 1, 1985		(in millions)	
HI and/or SMI	31.1	28.2	2.9
HI and SMI	29.5	26.8	2.7
HI	30.6	27.7	2.9
SMI	30.0	27.3	2.7

Source: HCFA/BDMS

February 1987

MEDICARE ENROLLEES/TRENDS

	1975	1980	1985	1986	1987	1988
	(in millions)					
HI &/or SMI						
Total	25.0	28.5	31.1	31.8	32.4	33.0
Aged	22.8	25.5	28.2	28.8	29.5	30.1
Disabled	2.2	3.0	2.9	2.9	3.0	3.0
HI						
Total	24.6	28.1	30.6	31.3	31.9	32.5
Aged	22.5	25.1	27.7	28.3	29.0	29.5
Disabled	2.2	3.0	2.9	2.9	3.0	3.0
SMI						
Total	23.9	27.4	30.0	30.6	31.3	31.8
Aged	21.9	24.7	27.3	27.9	28.5	29.1
Disabled	2.0	2.7	2.7	2.7	2.7	2.7
Both HI and SMI	23.6	27.0	29.5	30.1	30.8	31.3
HI Only	1.1	1.1	1.1	1.2	1.1	1.2
SMI Only	0.3	0.4	0.5	0.5	0.5	0.5

NOTE: Data for all areas as of July 1 (1986-1988 estimated).

Source: HCFA/BOMS

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MEDICARE ENROLLMENT/DEMOGRAPHICS

- o Of the total Medicare covered population -
 - 9 out of 10 are age 65 or over;
 - 1 out of 10 is non-white;
 - there are 3 males for every 4 females.
- o Of the aged population -
 - there are 2 males for every 3 females;
 - 1 out of 10 is age 85 or over;
 - the oldest age category is predominantly female (there are only 4 males for every 10 females).
- o Of the disabled population -
 - 1 out of 4 is under age 45;
 - 1 out of 2 are 55-64 years old;
 - there are 17 males for every 10 females.

	Total	Male	Female
	(in thousands)		
July 1, 1985			
All Persons	31,083	13,128	17,955
Aged Persons	28,176	11,282	16,894
65 - 74	16,398	7,174	9,224
75 - 84	8,916	3,299	5,617
85 and over	2,861	809	2,053
Disabled Persons	2,907	1,846	1,061
Under 45	843	553	290
45 - 54	593	387	206
55 - 64	1,471	906	565
White	27,081	11,391	15,691
Non-White	3,098	1,374	1,724
Unknown	904	364	540

Source: HCFA/BDMS

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MEDICARE HI ENROLLMENT/AGING POPULATION

Year	Number (in thous.)	Percentage distribution by age					Median age (yrs.)	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1981	25,591	100.0	32.9	26.3	18.9	12.1	9.8	73.1
1982	26,115	100.0	32.6	26.3	18.9	12.2	10.0	73.2
1983	26,670	100.0	32.4	26.2	19.0	12.2	10.1	73.4
1984	27,112	100.0	31.9	26.4	19.2	12.3	10.2	73.4
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4

Source: HCFA/BDMS

MEDICARE HI ENROLLMENT/DEMOGRAPHIC TRENDS

Percentage distribution of aged enrollees by sex and race									
Year	Total Persons	Male				Female			
		Total	White	All other Races	Unknown	Total	White	All other Races	Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1981	100.0	40.4	35.6	3.7	1.1	59.6	52.9	5.0	1.7
1982	100.0	40.4	35.6	3.7	1.1	59.6	52.9	5.0	1.7
1983	100.0	40.3	35.5	3.7	1.1	59.7	52.9	5.0	1.8
1984	100.0	40.3	35.5	3.7	1.1	59.7	52.9	5.1	1.8
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8

NOTE: Detail may not add to total because of rounding.

Source: HCFA/BDMS

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MEDICARE/STATE BUY-INS FOR SMI

- o Four out of five State buy-ins are aged.
- o One in 12 aged Medicare SMI enrollees is a State buy-in; one in five disabled SMI enrollees is a buy-in.

Type of Beneficiary 1/	1975	1980	1984	1985
All persons				
Number	2,845,655	2,953,506	2,601,397	2,669,615
Percent of SMI enrolled	12.0	10.9	8.9	9.0
Aged				
Number	2,482,593	2,449,066	2,127,346	2,164,128
Percent of aged SMI enrolled	11.4	10.0	8.0	8.0
Disabled				
Number	363,062	504,440	474,051	505,487
Percent of disabled SMI enrolled	18.7	18.9	18.2	19.2

1/ Recipients for whom the State paid Medicare SMI premium for month of July.

Source: HCFA/BDMS/BPO

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MEDICAID RECIPIENTS/TRENDS

	FY 1975	FY 1980	FY 1985	FY 1986	FY 1987	FY 1988
	(in millions)					
Total	22.0	21.6	21.8	22.6	23.3	23.7
Aged	3.6	3.4	3.1	3.3	3.3	3.4
Blind	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.3	2.7	2.9	3.0	3.1	3.2
AFDC-Children	9.6	9.3	9.8	10.0	10.3	10.5
AFDC-Adults	4.6	4.8	5.5	5.7	6.0	6.1
Other Title XIX	1.8	1.5	1.2	1.2	1.3	1.4

NOTE: Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

Source: Data for FY 1975 - FY 1985 are historical and reflect actual statistical data (HCFA/OACT) as reported by States. Projections for FY 1986 - FY 1988 are based on State estimates.

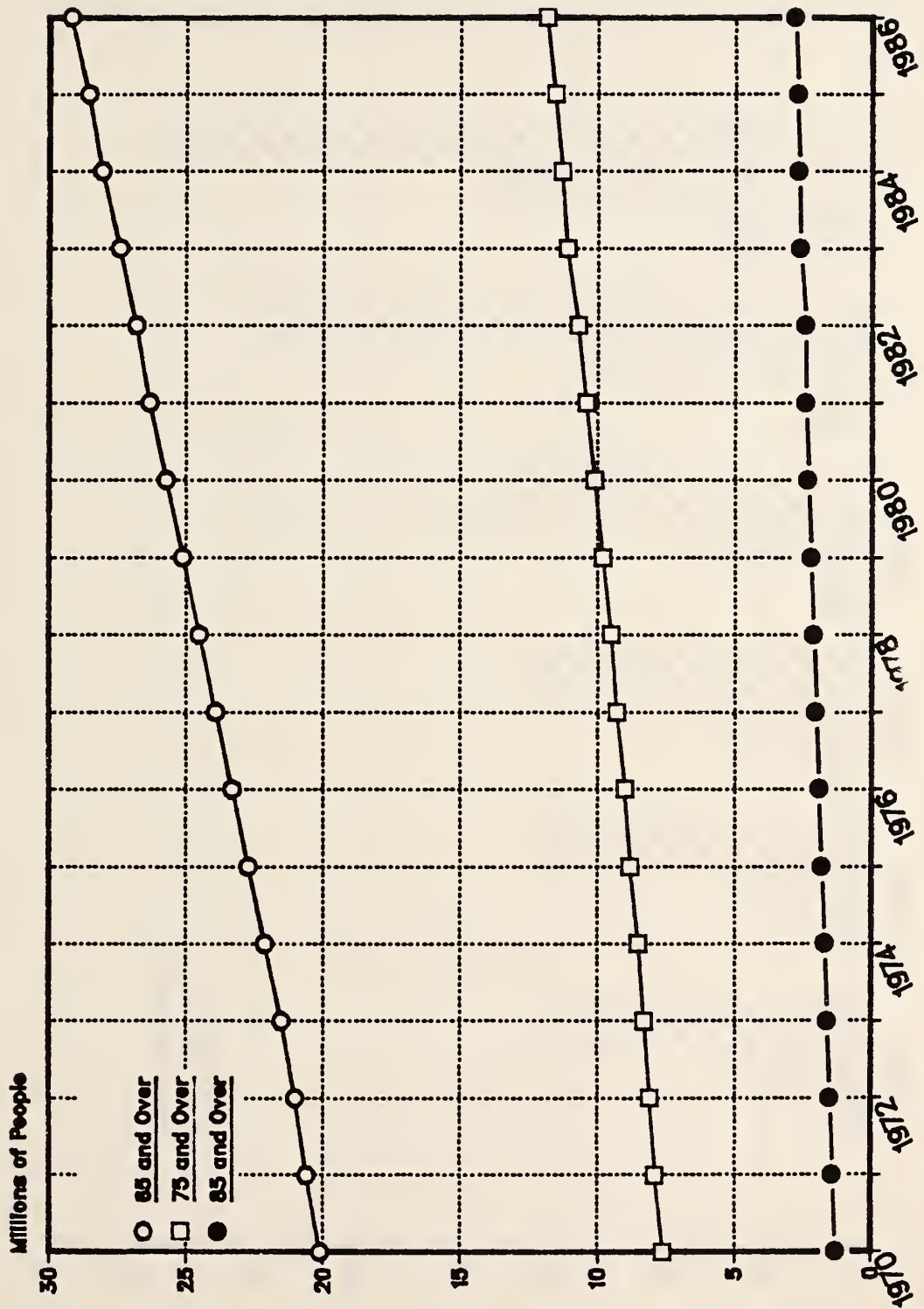
MEDICAID RECIPIENTS/DEMOGRAPHICS

	Fiscal Year 1985
All Recipients (thousands)	21,808
Age	21,808
Under 20	50.5%
21 - 64	33.3
65 and over	16.2
Sex	21,808
Male	36.0%
Female	64.0
Race	21,808
White	52.6%
Black	29.2
American Indian/Alaskan Native	0.8
Asian/Pacific Islander	2.0
Hispanic	15.4

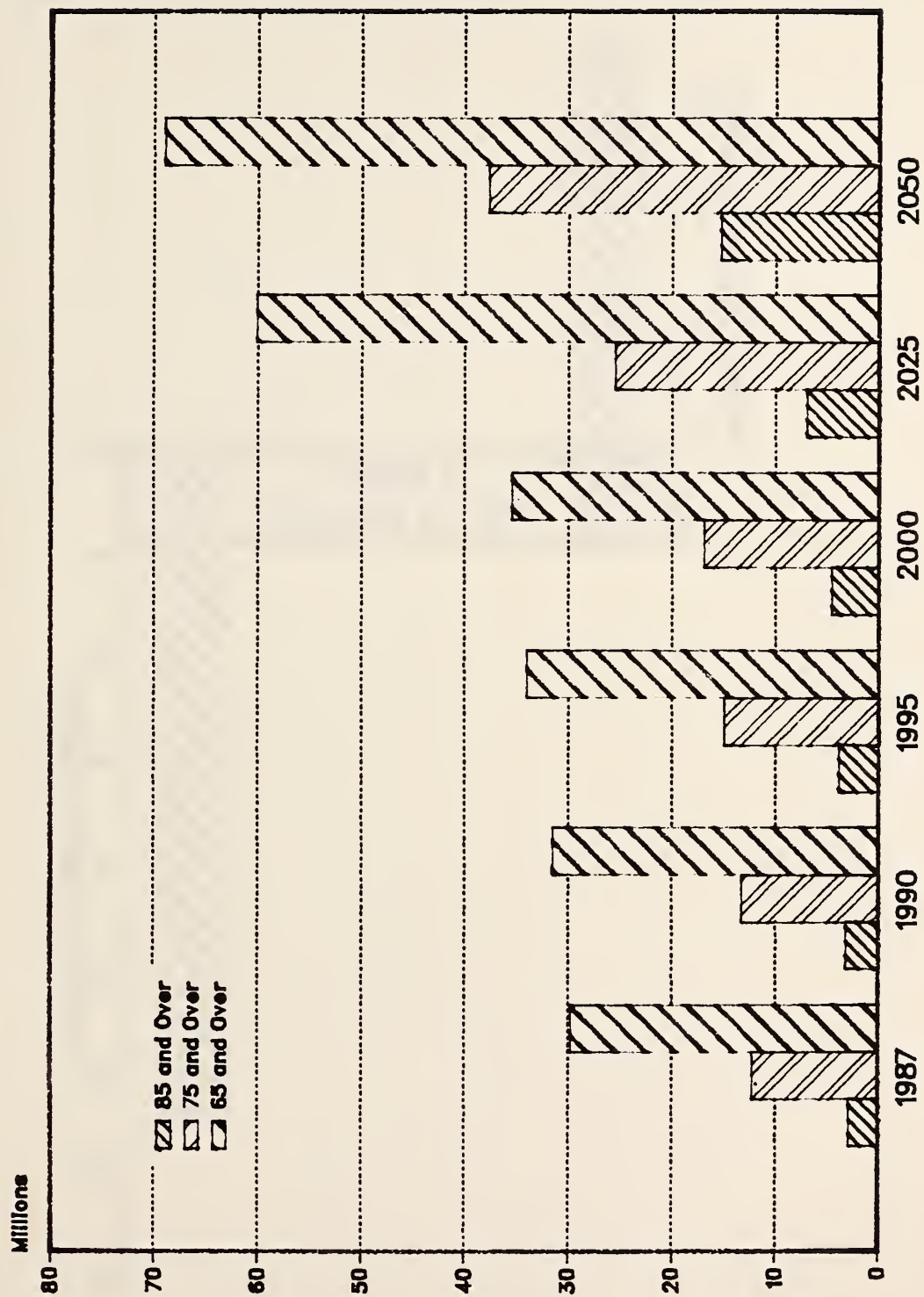
Source: HCFA/OACT

February 1987

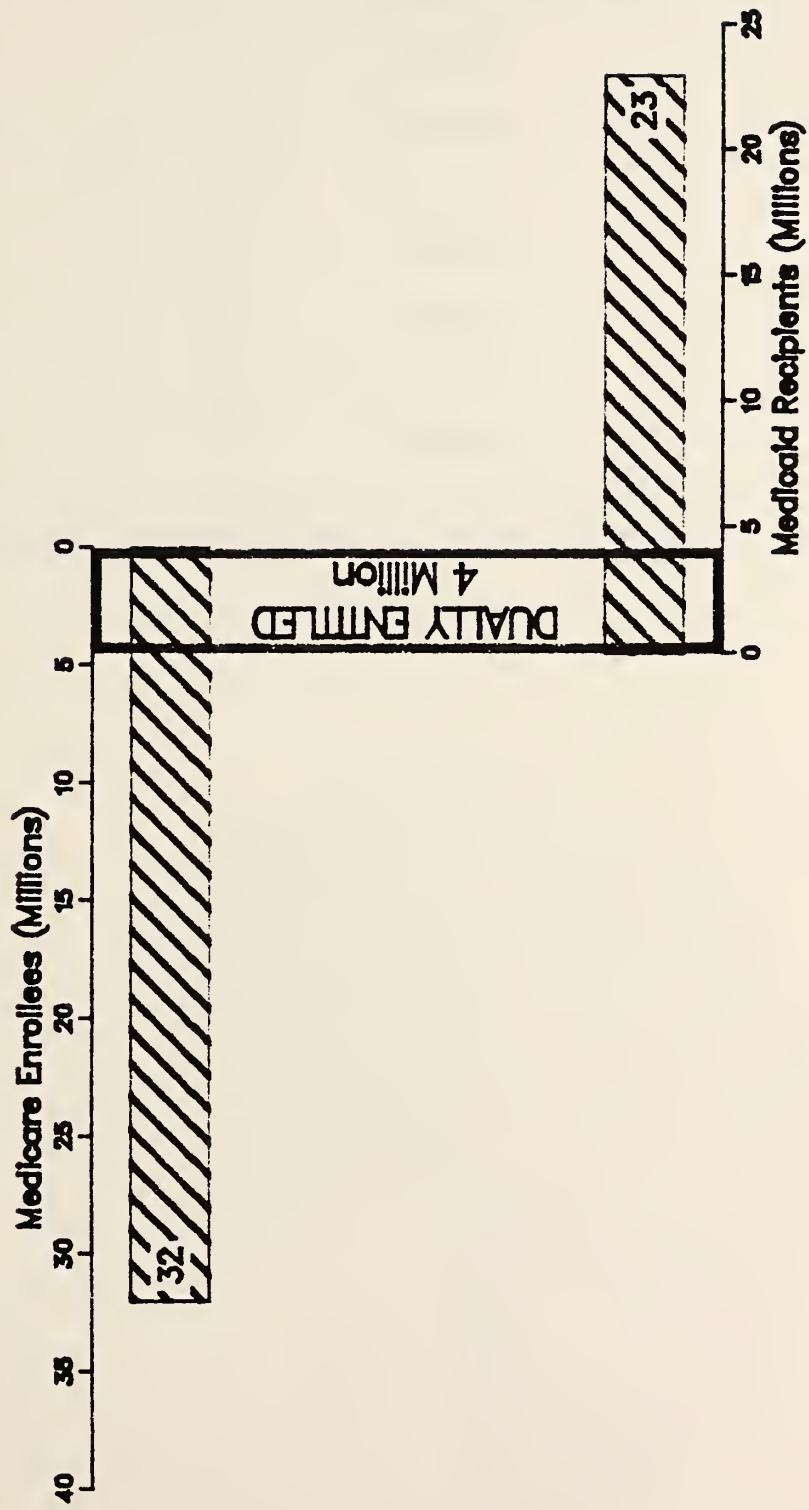
Aged Population of the United States 1970-1986



Projected Growth of the Aged Population



HCFA Programs Covered 51 Million People in 1986



LIFE EXPECTANCY AT AGE 65

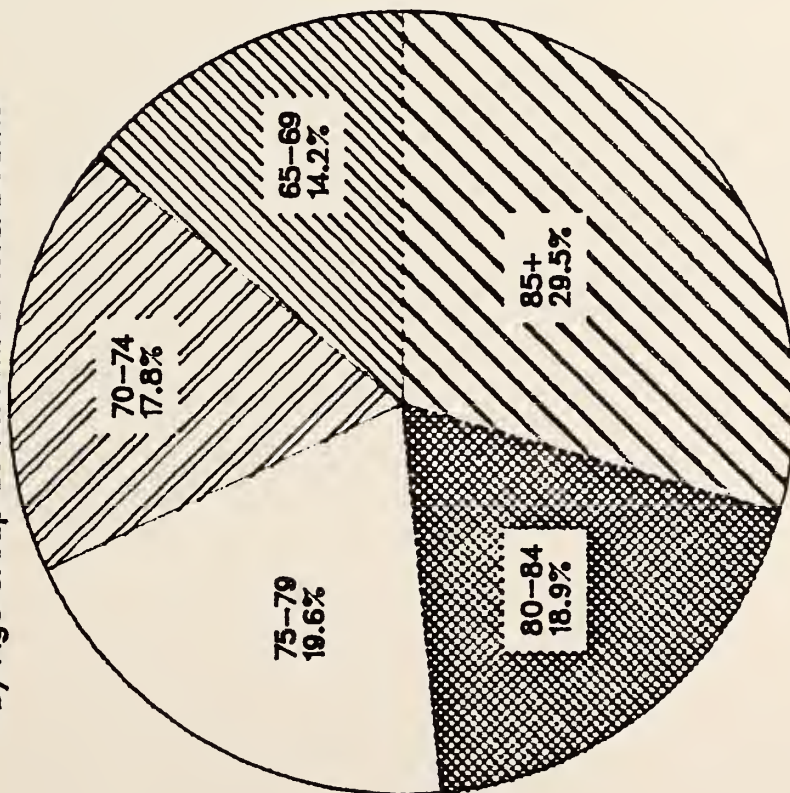
<u>Year</u>	<u>Male</u>	(in years)	<u>Female</u>
1965	12.92 yr.		16.34 yr.
1980	14.04 yr.		18.36 yr.
1983	14.31 yr.		18.64 yr.
1984	14.31 yr.		18.66 yr.
1985	14.48 yr.		18.63 yr.
1986	14.57 yr.		18.74 yr.
1987	14.66 yr.		18.86 yr.

Source: Social Security Administration, Office of Actuary

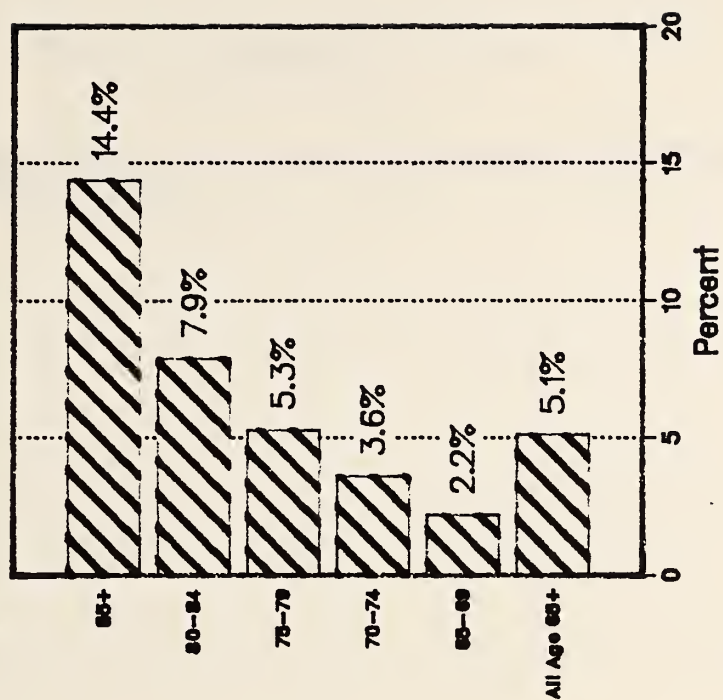
February 1987

Deaths of Medicare Aged Enrollees During 1985

By Age Group as Percent of Total Deaths



As a Percent of Total Age Group Enrollees





VI. INCOME

Information concerning household income and poverty status of the general, Medicare, and Medicaid populations.

Economic Profile of Non-Institutionalized Persons Covered
by Medicare and Medicaid, 1984

- o Although household incomes of persons covered by Medicare are lower than household incomes of all persons, fewer Medicare persons lived in households with incomes below poverty levels.
- o Household incomes of aged persons covered under Medicare are higher than incomes of disabled persons under Medicare. The percent of disabled persons whose household incomes fell below poverty levels was twice the rate of aged persons.
- o About half of persons covered by Medicare live in households with a married spouse present. The poverty rate for these households is half the rate for all persons covered under Medicare. Females with no married spouse present have the highest poverty rate.
- o The poverty rate of persons covered under Medicare who do not live in households with others present (about a third of all Medicare persons) was twice that for all persons covered under Medicare in 1984.
- o The poverty rate for black families and individuals covered by Medicare (32.9 percent) is three times the white rate (11.2 percent) and one and a half times the rate for persons with Spanish origin (23.1 percent).
- o The mean net worth (assets) of persons age 65 and older, excluding home equity, is about one and a half times that for all persons even though the mean household income of elderly persons is only about two thirds that for all persons. Households headed by persons age 65 or older with incomes of less than \$10,800, about a third of all aged persons had a mean net worth of about \$16,500. Heads of households age 75 or older in the same income range had slightly higher mean net worth (about 17,500). The primary source of assets of the elderly, other than home equity, was deposits in financial institutions.
- o The poverty rate of persons covered under Medicaid was nearly five times the rate of all persons in 1984.
- o Among the Medicaid population, the poverty rate for children under age 18 is higher than the rate for older persons.

Household Income and Poverty Status of the Primary Family or Individual, All
Persons and Persons Covered by Medicare, 1984

(Numbers in thousands)

Household Money Income	<u>All Persons</u>		<u>Persons Covered by Medicare</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Under \$5,000	13,415	5.7	2,681	9.4
\$5,000 - \$9,999	23,861	10.2	6,715	23.6
\$10,000 - \$14,999	24,671	10.6	5,250	18.5
\$15,000 - \$19,999	24,370	10.4	3,845	13.5
\$20,000 and over	147,200	63.0	9,932	34.9
Total	233,516	100.0	28,423	100.0
Below Current Poverty Levels	<u>Number</u>	<u>Poverty Rate</u>	<u>Number</u>	<u>Poverty Rate</u>
Total	32,660	14.0	3,772	13.3

SOURCE: Bureau of the Census, U.S. Department of Commerce

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Aged and Disabled Persons 15 Years and Older Covered by Medicare, by
Household Money Income and Poverty Status of the
Primary Family or Individual, 1984

(Numbers in thousands)

Household Money Income	Total		Under Age 65		Age 65 and over	
	Number	Percent	Number	Percent	Number	Percent
Under \$5,000	2,681	9.4	344	12.7	2,337	9.1
\$5,000 - \$9,999	6,715	23.6	629	23.2	6,086	23.7
\$10,000 - \$14,999	5,250	18.5	466	17.2	4,784	18.6
\$15,000 - \$19,999	3,845	13.5	370	13.6	3,475	13.5
\$20,000 - \$24,999	2,583	9.1	273	10.1	2,310	9.0
\$25,000 - \$34,999	3,263	11.5	310	11.4	2,953	11.5
\$35,000 - \$49,999	2,239	7.9	200	7.4	2,039	7.9
\$50,000 and over	1,847	6.5	120	4.4	1,727	6.7
Total	28,423	100.0	2,713	100.0	25,710	100.0

Below Current Poverty Level	Poverty		Poverty		Poverty	
	Number	Rate	Number	Rate	Number	Rate
Total	3,772	13.3	641	23.6	3,132	12.2
Males	1,174	9.9	297	20.9	877	8.4
Females	2,599	15.7	345	26.7	2,254	14.8

SOURCE: Bureau of the Census, U.S. Department of Commerce

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Persons 15 Years and Older Covered by Medicare, by Relationship to Family
Householder and by Poverty Status, 1984

(Numbers in thousands)

<u>Relationship to Family Householder</u>	<u>Total Persons</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
In families	19,375	68.2	1,502	7.8
Householder	10,507	37.0	921	8.8
Spouse of householder	6,387	22.5	402	6.3
Other relative of householder	2,480	8.7	178	7.2
In unrelated subfamilies	24	.1	7	--
Unrelated individuals	9,024	31.7	2,264	25.1
Total	28,423	100.0	3,772	13.3

SOURCE: Bureau of the Census, U. S. Department of Commerce

February 1987

Persons 15 Years and Older Covered by Medicare, by Poverty Status of the Primary Family or Individual, Sex, and Marital Status, 1984

(Numbers in thousands)

<u>Marital Status</u>	<u>Total Persons</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
Married Spouse Present	15,105	53.1	1,003	6.6
Married Spouse Absent	573	2.0	171	29.8
Widowed	9,690	34.1	1,952	20.1
Divorced	1,270	4.5	323	25.4
Single (Never Married)	1,785	6.3	324	18.1
Total	28,423	100.0	3,772	13.3

<u>Marital Status</u>	<u>Total Males</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
Married Spouse Present	8,730	73.5	609	7.0
Married Spouse Absent	274	2.3	59	21.5
Widowed	1,510	12.7	233	15.4
Divorced	493	4.2	118	24.0
Single (Never Married)	870	7.3	156	17.9
Total	11,877	100.0	1,174	9.9

<u>Marital Status</u>	<u>Total Females</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
Married Spouse Present	6,375	38.5	394	6.2
Married Spouse Absent	299	1.8	112	37.5
Widowed	8,180	49.4	1,720	21.0
Divorced	777	4.7	204	26.3
Single (Never Married)	915	5.5	168	18.4
Total	16,546	100.0	2,599	15.7

SOURCE: Bureau of the Census, U. S. Department of Commerce

February 1987

Mean Net Worth Holdings Excluding Home Equity by Age and Household Income, 1984

Age of Reference Person	Number of Households (thousands)	Mean Household Income	Mean Net Worth Excluding Home Equity				
			Total	Less than \$10,800	\$10,800- 23,999	\$24,000- 47,999	\$48,000 or more
Total	86,783	\$26,868	\$42,695	\$11,770	\$25,160	\$ 40,237	\$156,824
65 or older	18,151	17,534	62,875	16,489	50,198	124,012	441,290
75 or older	7,468	14,002	52,795	17,483	56,743	139,381	369,841

February 1987

All Persons and Persons Covered by Medicaid, by Household Income
and Poverty Status of the Primary Family or Individual, 1984

(Numbers in thousands)

<u>Household Money Income</u>	<u>All Persons</u>		<u>Persons Covered By Medicaid</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Under \$2,500	4,666	0.2	1,451	7.5
2,500 - 4,999	8,749	3.8	4,476	23.1
5,000 - 7,499	12,155	5.2	4,239	21.9
7,500 - 12,499	24,620	10.5	4,356	22.5
12,500 - 19,999	36,127	15.5	2,453	12.7
20,000 and over	147,200	63.0	2,373	12.3
 Total	 233,516	 100.0	 19,348	 100.0
<u>Below Current Poverty Levels</u>	<u>Number</u>	<u>Poverty Rate</u>	<u>Number</u>	<u>Poverty Rate</u>
Total	32,660	14.0	13,207	68.3

Source: Bureau of the Census, U.S. Department of Commerce

February 1987

Persons Covered by Medicaid, by Age, Household Money Income, and Poverty
Status of the Primary Family or Individual, 1984

(Numbers in thousands)

Household Money Income	Total		Under Age 18		18 thru 64		65 + Over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under \$2,500	1,451	7.5	660	8.1	710	8.5	81	2.9
2,500 - 4,999	4,476	23.1	1,887	23.1	1,782	21.3	806	28.5
5,000 - 7,499	4,239	21.9	1,927	23.6	1,690	20.2	622	22.0
7,500 - 12,499	4,356	22.5	1,939	23.8	1,855	22.2	561	19.9
12,500 - 19,999	2,453	12.7	1,003	12.3	1,137	13.6	313	11.1
20,000 and Over	2,373	12.3	748	9.2	1,183	14.2	441	15.6
Total	19,348	100.0	8,164	100.0	8,357	100.0	2,824	100.0
Below Current Poverty Levels								
	Number	Poverty Rate	Number	Poverty Rate	Number	Poverty Rate	Number	Poverty Rate
Total	13,207	68.3	6,504	79.7	5,539	66.3	1,164	41.2

Source: Bureau of the Census, U.S. Department of Commerce

February 1987

Persons Covered by Medicaid, by Relationship to Family Householder
and by Poverty Status, 1984

(Numbers in thousands)

Relationship to Family Household	<u>Total Persons</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
In families	16,515	85.4	11,505	69.7
Householder	4,474	23.1	3,129	69.9
Spouse of householder	1,662	8.4	887	53.4
Other relative of householder	10,379	53.6	7,489	72.2
In unrelated subfamilies	289	1.5	80	27.7
Unrelated Individuals	2,545	13.2	1,622	63.7
Total	19,348	100.0	13,207	68.3

Relationship to Family Household	<u>Total Males</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
In families	6,715	88.5	4,571	68.1
Householder	1,559	20.5	829	53.2
Husband of householder	130	1.7	70	54.0
Other relative of householder	5,026	66.2	3,672	73.1
In unrelated subfamilies	111	1.5	27	24.5
Unrelated Individuals	766	10.1	458	59.8
Total	7,591	100.0	5,056	66.6

Relationship to Family Household	<u>Total Females</u>		<u>Below Current Poverty Levels</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Poverty Rate</u>
In families	9,800	83.4	6,934	70.8
Householder	2,915	24.8	2,300	78.9
Spouse of householder	1,532	13.0	817	53.3
Other relative of householder	5,353	45.5	3,817	71.3
In unrelated subfamilies	178	1.5	53	29.8
Unrelated Individuals	1,779	15.1	1,164	65.4
Total	11,757	100.0	8,151	69.3

Source: Bureau of the Census, U.S. Department of Commerce February 1987

Persons Covered by Medicaid, by Poverty Status of the Primary Family or Individual, Sex, and Marital Status, 1984

(Numbers in thousands)

Marital Status	Total Persons		Below Current Poverty Levels	
	Number	Percent	Number	Poverty Rate
Married Spouse Present	3,253	16.8	1,712	52.6
Married Spouse Absent	1,105	5.7	811	73.4
Widowed	1,933	10.0	1,029	53.2
Divorced	1,610	8.3	1,084	67.3
Single (Never Married)	11,447	59.2	8,571	74.9
Total	19,348	100.0	13,207	68.3

Marital Status	Total Males		Below Current Poverty Levels	
	Number	Percent	Number	Poverty Rate
Married Spouse Present	1,553	20.5	809	52.1
Married Spouse Absent	159	2.1	90	56.6
Widowed	279	3.7	140	50.2
Divorced	238	3.1	117	49.2
Single (Never Married)	5,362	70.6	3,900	72.7
Total	7,591	100.0	5,056	66.6

Marital Status	Total Females		Below Current Poverty Levels	
	Number	Percent	Number	Poverty Rate
Married Spouse Present	1,700	14.5	903	53.1
Married Spouse Absent	946	8.0	721	76.2
Widowed	1,654	14.1	889	53.8
Divorced	1,372	11.7	967	70.5
Single (Never Married)	6,085	51.8	4,671	76.8
Total	11,757	100.0	8,151	69.3

Source: Bureau of the Census, U.S. Department of Commerce

February 1987

**NUMBER AND PERCENT OF PERSONS IN THE GENERAL
POPULATION LIVING BELOW POVERTY LEVEL**

<u>Year</u>	<u>Persons</u> (in millions)	<u>Percent</u>
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

February 1987

NUMBER AND PERCENT OF ELDERLY LIVING BELOW POVERTY LEVEL*

<u>Year</u>	<u>No. of Persons</u> (in millions)	<u>Percent</u>
1959	5.5	35.2
1966	5.1	28.5
1970	4.7	24.5
1978	3.2	14.0
1979	3.7	15.2
1980	3.9	15.7
1981	3.9	15.3
1982	3.8	14.6
1983	3.6	13.8
1984	3.3	12.4
1985	3.5	12.6

*Poverty level	1980	1981	1982	1983	1984	1985
single person	\$3,949	\$4,359	\$4,626	\$4,775	\$4,979	\$5,156
two persons	\$4,983	\$5,498	\$5,836	\$6,023	\$6,282	\$6,503

NOTE: Income estimates beginning 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

February 1987

**NUMBER AND PERCENT OF PERSONS AND FAMILIES WITH FEMALE HEADS
LIVING BELOW POVERTY LEVEL**

<u>Year</u>	<u>Persons</u>		<u>Families</u>	
	<u>Number</u> (in millions)	<u>Percent</u>	<u>Number</u> (in millions)	<u>Percent</u>
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.3	3.6	36.1
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

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VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care, etc.; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day, etc. Utilization data are distributed for program coverage categories and type of service.

MEDICARE/SHORT-STAY HOSPITAL UTILIZATION

	FY 82	FY 83	FY 84 ^{1/}	FY 85 ^{1/}
Discharges				
Total (millions)	11.1	11.6	11.5	10.9
Rate per 1,000 Enrollees	382	392	383	356
Days of Care				
Total (millions)	114	116	105	94
Rate per 1,000 Enrollees	3,933	3,918	3,500	3,060
Average Length of Stay per Discharge	10.3	10.0	9.1	8.6
Total Charges				
Amount (billions)	\$ 46	\$ 55	\$ 56	\$ 57
Per Day	\$400	\$470	\$535	\$605

^{1/}Estimated

Source: HCFA/BDMS

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MEDICARE/SHORT-STAY HOSPITAL UTILIZATION TRENDS

Calendar Year	All Beneficiaries			
	Covered Days of Care (in millions)	Covered Days of Care Per 1,000 Enrollees	Mean Covered Charge Per Covered Day	Mean Interim Reimbursement Per Covered Day
1970	76.6	3,764	\$ 76	\$ 60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,707	227	164
1979	102.3	3,726	257	184
1980	108.3	3,859	298	208
1981	110.5	3,864	353	243
1982	112.6	3,872	421	282
1983	111.0	3,753	491	315

Source: HCFA/BDMS

MEDICARE/SHORT-STAY HOSPITAL LENGTH OF STAY TRENDS

Calendar Year	Average Length of Stay (Days)	
	Aged	Disabled
1975	11.2	10.7
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for later data.

Source: HCFA/BDMS

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MEDICARE/TRENDS IN SHORT-STAY HOSPITAL ADMISSIONS

Calendar Year	Aged					Disabled				
	Admissions					Admissions				
	HI Enrollees (millions)	1/ (thousands)	Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change in Rate	HI Enrollees (millions)	1/ (thousands)	Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change in Rate
1970	20.2		6,045	299	--	--	--	--	--	--
1971	20.6		6,227	303	1.3	--	--	--	--	--
1972	20.9		6,521	312	3.0	--	--	--	--	--
1973	21.4		6,772	317	1.6	--	--	--	--	--
1974	21.8		7,068	324	2.2	--	--	687	358	--
1975	22.3		7,320	329	1.5	1.9		806	373	4.2
1976	22.7		7,706	339	3.0	2.2		919	386	3.5
1977	23.3		8,038	345	1.8	2.4		1,029	394	2.1
1978	23.8		8,308	349	1.2	2.6		1,115	401	1.8
1979	24.3		8,605	354	1.4	2.8		1,185	409	2.0
1980	24.9		9,185	369	4.2	2.9		1,250	424	3.4
1981	25.4		9,555	377	2.0	3.0		1,303	436	3.0
1982	25.9		10,007	386	2.6	3.0	2/	1,330	452	3.7
1983	26.4		10,378	392	1.6	2.9		1,340	461	1.9
1984	26.9		10,171	378	-3.6	2.9		1,257	438	-5.1
1985	27.5		9,525	347	-8.3	2.9		1,175	406	-7.2

1/ Excludes persons residing in foreign countries.

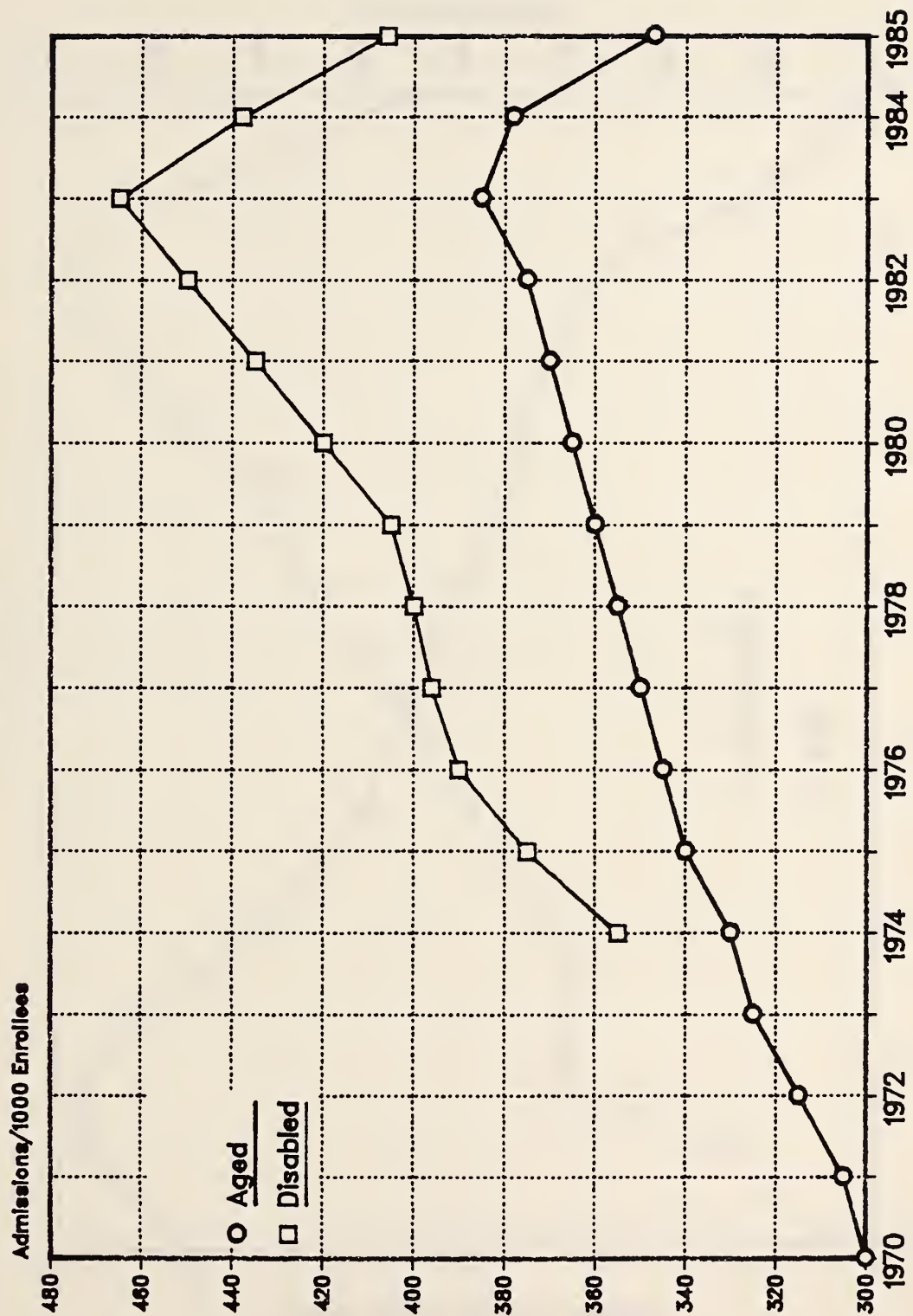
2/ Partially estimated.

3/ Preliminary.

Source: HCFA/BDMS

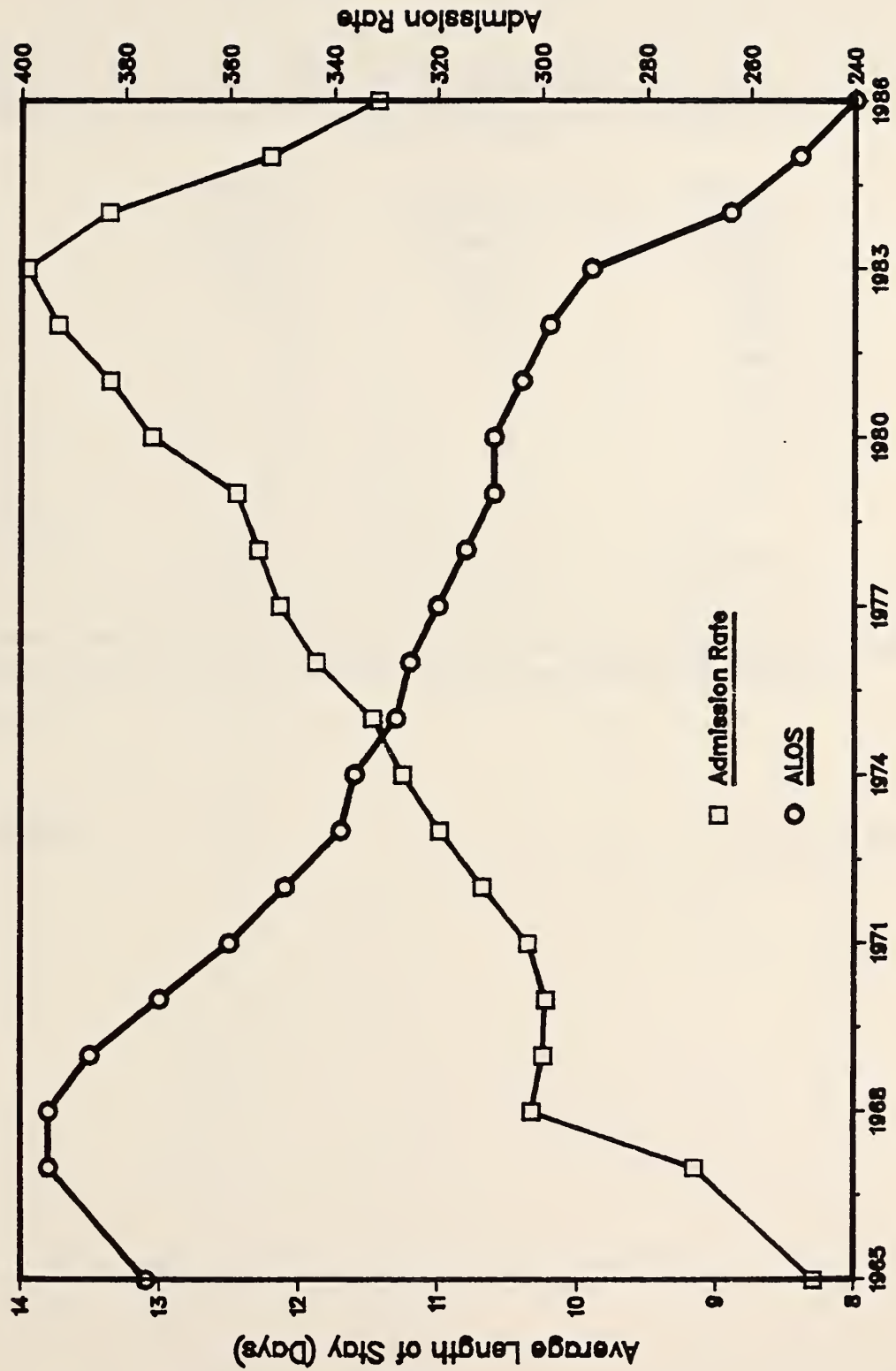
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Medicare Short-Stay Hospital Admissions per 1000 HI Enrollees 1970-1985





Medicare Short-Stay Hospital Utilization
Admissions per 1000 Enrollees vs Average Length of Stay
1965-1986





MEDICARE/SPELLS OF ILLNESS

Number of Spells of Illness Begun	Number of HI Enrollees 1/ (in thousands)		
	FY 1983	FY 1984	FY 1983-84
Total ^{2/}	30,416.0	30,846.8	32,300.3
0	23,413.6	24,100.0	20,845.9
1	5,729.7	5,556.2	7,712.7
2	1,119.6	1,052.0	2,597.2
3	144.4	130.2	832.1
4	8.6	8.2	241.1
5	0.1	0.2	58.8
6	0	0	10.8
7	0	0	1.5
8	0	0	0.2
9	0	0	3/
Subtotal, 1-9 spells of illness begun	7,002.4	6,746.8	11,454.4

1/ Based on number of HI enrollees in the United States with spells of illness begun during FY 1983, FY 1984, and during combined period FY 1983-84.

2/ Estimated.

3/ Less than 100.

Source: HCFA/BDMS

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MEDICARE INPATIENT HOSPITALS/INTENSITY OF USE

Distribution of Medicare Hospital Insurance (HI) Enrollees by Number of Spells of Illness Begun and by Number of Short-Stay Hospital Discharges, Calendar Year 1983

Spells of Illness Begun 1/			Short-Stay Hospital Discharges 2/		
Number	Number of HI Enrollees (in thousands)	Percent of Total HI Enrollees	Number	Number of HI Enrollees (in thousands)	Percent of Total HI Enrollees
Total	30,523.7 ^{3/}	100.0	Total	30,523.7 ^{3/}	100.0
0	23,540.9	77.1	0	23,360.5	76.5
1	5,708.1	18.7	1	4,668.1	15.3
2	1,121.9	3.7	2	1,522.5	5.0
3	144.7	0.5	3	558.1	1.8
4	8.0	0.03	4 or more	414.5	1.4
5	4/	4/			
Total with at least one spell of illness	6,982.8	22.9	Total with at least one short-stay hospital discharge	7,163.2	23.5

1/ Based on spells of illness (benefit periods) begun at any time during 1983.

2/ Based on short-stay hospital discharges during 1983.

3/ Ever-enrolled for HI during 1983.

4/ Less than 100 persons.

Source: HCFA/ORD/BDMS

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MEDICARE INPATIENT HOSPITALS/INTENSITY OF USE BY AREA

Area	<u>Spells of Illness Begun</u> (in thousands)	<u>Average Number of Spells of Illness</u>	
		Per User	Per HI Enrollee ^{1/}
United States	8,419	1.206	0.276
Census Region			
Northeast	1,782	1.193	0.249
Midwest	2,269	1.204	0.285
South	3,095	1.218	0.305
West	1,272	1.196	0.244
Census Division			
New England	445	1.197	0.248
Middle Atlantic	1,337	1.192	0.249
East North Central	1,530	1.203	0.282
West North Central	739	1.206	0.290
South Atlantic	1,521	1.208	0.289
East South Central	657	1.229	0.328
West South Central	917	1.227	0.320
Mountain	340	1.197	0.255
Pacific	932	1.196	0.239

^{1/} Based on persons ever enrolled for hospital insurance during 1983.

Source: HCFA/BDMS

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MEDICARE INPATIENT HOSPITAL DAYS PER PERSON

Covered Days Used in CY 84	Persons Using That Number of Days (in thousands)	Cumulative Percentage of Persons Using Days
Total	6,758	100.0
1	286	4.2
2	574	12.7
3	490	20.0
4	483	27.1
5	435	33.6
6	390	39.3
7	369	44.8
8	329	49.7
9	294	54.0
10	262	58.0
11	236	61.4
12	211	64.5
13	188	67.3
14	174	70.0
15	157	72.2
16	140	74.3
17	126	76.1
18	114	77.8
19	104	79.4
20	93	80.8
21-30	622	90.0
31-40	297	94.4
41-50	158	96.7
51-60	91	98.0
61-70	52	98.8
71-80	32	99.3
81-90	22	99.6
91-100	10	99.7
101-125	11	99.9
126-150	5	100.0
151+	1	100.0

NOTE: Based on a sample of Medicare beneficiaries using covered hospital services in CY 1984.

Source: HCFA/ORD

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MEDICARE/SHORT-STAY HOSPITAL DISCHARGES BY LENGTH OF STAY

- o The overwhelming majority of stays (97%) are less than 31 days in duration and account for 83% of total days of care.
- o Less than 1% of the stays are over 60 days and account for 5% of total days of care.

Total Length of Stay	Discharges (Aged and Disabled)			Total Days of Care		
	Number (in thousands)	Percentage Distribution	Cumulative Percentage Distribution	Number (in thousands)	Percentage Distribution	Cumulative Percentage Distribution
Total	10,896	100.0	100.0	96,484	100.0	100.0
1 Day(s)	661	6.1	6.1	661	0.7	0.7
2	1,181	10.8	16.9	2,361	2.5	3.1
3	1,051	9.7	26.6	3,154	3.3	6.4
4	1,029	9.4	36.0	4,118	4.3	10.7
5	933	8.6	44.6	4,664	4.8	15.5
6	805	7.4	51.9	4,830	5.0	20.5
7	747	6.9	58.8	5,227	5.4	25.9
8	639	5.9	64.7	5,114	5.3	31.2
9	536	4.9	69.6	4,846	5.0	36.2
10	456	4.2	73.8	4,562	4.7	41.0
11	386	3.5	77.3	4,249	4.4	45.4
12	320	2.9	80.3	3,843	4.0	49.4
13	268	2.5	82.7	3,489	3.6	53.0
14	244	2.2	85.0	3,411	3.5	56.5
15	206	1.9	86.9	3,091	3.2	59.7
16	169	1.6	88.4	2,699	2.8	62.5
17	143	1.3	89.7	2,435	2.5	65.0
18	122	1.1	90.8	2,196	2.3	67.3
19	104	1.0	91.8	1,972	2.0	69.4
20	89	0.8	92.6	1,774	1.8	71.2
21	84	0.8	93.4	1,759	1.8	73.0
22	70	0.6	94.0	1,548	1.6	74.6
23	60	0.6	94.6	1,376	1.4	76.0
24	51	0.5	95.1	1,228	1.3	77.3
25	47	0.4	95.5	1,180	1.2	78.5
26	40	0.4	95.8	1,031	1.1	79.6
27	36	0.3	96.2	984	1.0	80.6
28	35	0.3	96.5	980	1.0	81.6
29	31	0.3	96.8	906	0.9	82.6
30	27	0.2	97.0	815	0.8	83.4
31-40	161	1.5	98.5	5,599	5.8	89.2
41-50	71	0.6	99.2	3,170	3.3	92.5
51-60	36	0.3	99.5	1,984	2.1	94.6
61-90	37	0.3	99.8	2,688	2.8	97.4
91+	17	0.2	100.0	2,540	2.6	100.0

NOTE: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period.
 Calendar year data derived from 1984 MEDPAR file. This file includes discharges recorded in HCFA central office through December 1985.

Source: HCFA/ORD

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MEDICARE/SHORT-STAY HOSPITAL DISCHARGES DISTRIBUTED BY COINSURANCE DAYS

- o Approximately 224 thousand or 2.1% of all short-stay hospital discharges involved at least 1 regular coinsurance day.
- o Less than 50% of the discharges with coinsurance days involved 7 or more days. Nine percent of the discharges used all 30 coinsurance days.

Coinsurance Days in Stay	Discharges (Aged and Disabled)		Days of Care			
	Number (in thousands)	Cumulative Percentage Distribution	Total Days (in thousands)	Length of Stay (Days)	Coinsurance Days (in thousands)	Coinsurance Days as Percent of Total Days
Total	10,896	--	96,484	8.9	2,463	2.6
0 Days	10,672	--	88,916	8.3	--	--
1 - 30 Days	224	100.0	7,568	33.8	2,463	32.5
1	18	7.9	289	16.3	18	6.1
2	17	15.4	288	17.2	33	11.6
3	16	22.4	283	17.9	47	16.8
4	15	29.3	275	18.0	61	22.2
5	14	35.7	283	19.7	72	25.3
6	13	41.4	263	20.6	77	29.2
7	12	46.8	257	21.2	85	33.0
8	11	51.9	266	23.7	90	33.8
9	9	56.1	231	24.6	85	36.6
10	9	59.8	229	26.9	85	37.2
11	8	63.4	229	29.0	87	38.0
12	7	66.5	211	30.0	85	40.0
13	6	69.4	210	32.4	84	40.2
14	5	71.9	182	33.4	76	42.0
15	5	74.1	186	36.5	76	41.1
16	4	76.1	166	37.0	72	43.3
17	4	78.0	160	39.1	70	43.5
18	4	79.7	163	42.3	69	42.6
19	3	81.3	147	42.0	66	45.3
20	3	82.6	137	44.0	62	45.5
21	3	83.9	134	47.6	59	44.1
22	3	85.1	130	49.5	58	44.5
23	2	86.2	127	52.0	56	44.3
24	2	87.1	113	52.4	52	45.8
25	2	88.1	120	56.9	53	43.9
26	2	88.9	111	56.8	51	45.8
27	2	89.7	102	58.4	47	46.2
28	2	90.4	98	60.6	45	46.2
29	1	91.1	89	63.0	41	46.0
30	20	100.0	2,089	104.5	600	28.7

(Calendar year 1984 data.)

Source: HCFA/ORD

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MEDICARE/TRENDS IN LONG TERM CARE

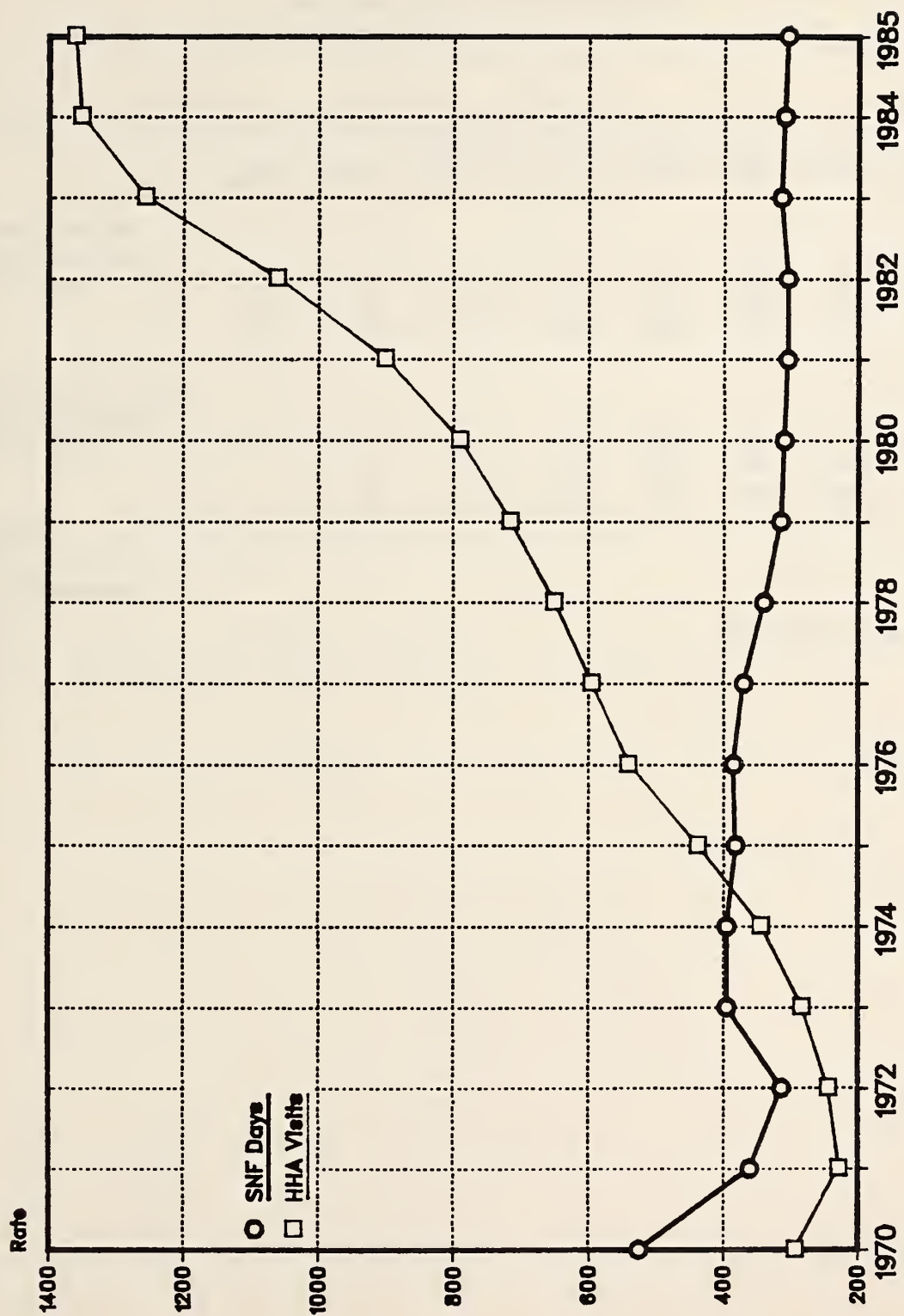
Calendar Year	Skilled Nursing			Home Health		
	Covered Days of Care (in millions)	Per 1,000 Enrollees	Average Reimbursement per covered day	Visits (in millions)	Per 1,000 Enrollees	Average Charge per visit
1976	9.7	385	\$31	12.6	540	\$22
1977	9.6	370	33	15.8	595	25
1978	9.1	340	35	17.6	650	27
1979	8.6	315	39	20.0	715	30
1980	8.7	310	42	22.6	790	33
1981	8.7	305	47	26.2	900	36
1982	8.8	305	50	31.3	1,060	40
1983	9.2	315	50	37.6	1,255	43
1984	9.3	310	52	41.2	1,350	46
1985 (Est.)	9.4	305	58	42.3	1,360	49

(All beneficiaries)

Source: HCFA/BDMS

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Medicare Units of Care per 1000 Enrollees 1970-1985



MEDICARE PERSONS SERVED/TRENDS

	Calendar Year							
	1967	1975	1980	1981	1982	1983	1984	1986 1/
Aged Persons Served								
per 1,000 Enrollees								
HI and/or SMI	366	528	638	655	641	660	686	750
HI	203	221	240	243	251	251	240	230
SMI	364	536	652	669	653	672	699	770
Disabled Persons Served								
per 1,000 Enrollees								
HI and/or SMI	--	450	594	615	608	629	639	680
HI	--	219	246	251	257	258	243	240
SMI	--	471	634	656	651	670	684	730
1/ Estimated								

Source: HCFA/BDMS

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MEDICARE PERSONS SERVED/TYPE OF SERVICE - CY 1984

	Aged		Disabled	
	Persons Served ^{1/} (in thousands)	Served per 1,000 Enrollees	Persons Served ^{1/} (in thousands)	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	18,904	686	1,845	639
Hospital Insurance	6,496	240	700	243
Inpatient Hospital	6,195	228	674	234
Skilled Nursing Facility	290	11	9	3
Home Health Agency	1,398	52	100	35
Supplementary Medical Insurance	18,706	699	1,812	684
Physician and Other Medical	18,128	677	1,721	649
Outpatient	8,743	327	1,029	388
Home Health Agency	24	1	2/	-

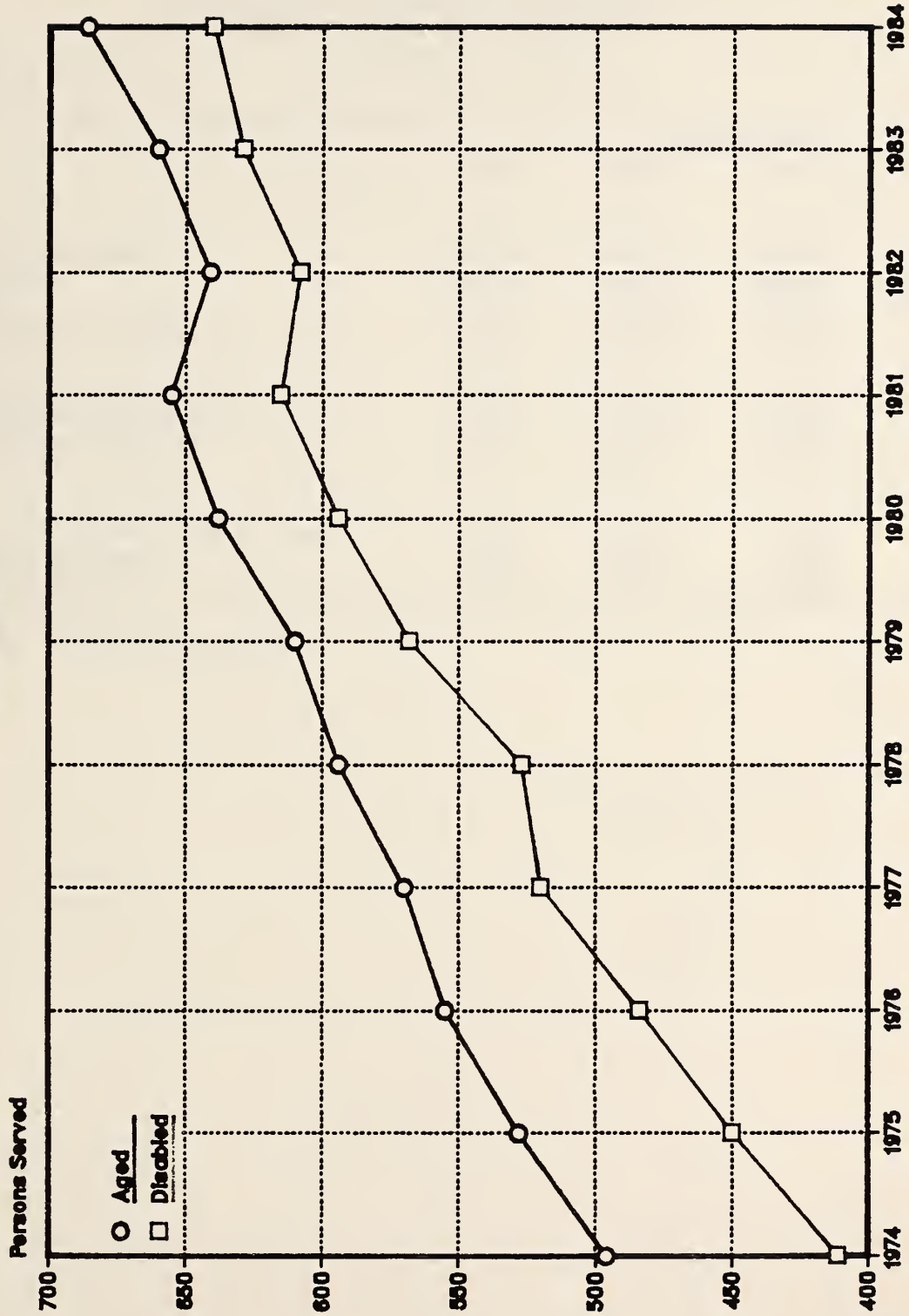
^{1/} Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made and 2) bills were received and processed in HCFA central office.

^{2/} Less than 500.

Source: HCFA/BDMS

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Medicare — Persons Served per 1000 Enrollees HI and/or SMI 1974–1984



END STAGE RENAL DISEASE/CARE PROVIDED BY
MEDICARE APPROVED FACILITIES

	1982	Calendar Year		1985
		1983	1984	
Dialysis Patients	65,765	71,987	78,483	84,797
In-unit	54,032	58,342	63,245	68,394
Home	11,733	13,645	15,238	16,403
Transplant Patients	5,343	6,098	6,933	7,676
Transplant Procedures	5,358	6,112	6,968	7,695
Living Related Donor	1,677	1,784	1,704	1,876
Cadaveric Donor	3,681	4,328	5,264	5,819
Average Dialysis Payment Rate	\$156	\$134	\$129	\$129
Hospital Based	\$174	\$135	\$131	\$131
Independents	\$138	\$133	\$127	\$127

Source: HCFA/BDMS and BERC

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MEDICARE/ESRD PATIENTS BY TREATMENT SETTING - CY 1985

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	84,797	68,394	16,403	100.0	80.7	19.3
Boston	3,969	3,215	754	100.0	81.0	19.0
New York	12,275	10,313	1,962	100.0	84.0	16.0
Philadelphia	10,476	8,639	1,837	100.0	82.5	17.5
Atlanta	16,697	13,414	3,283	100.0	80.3	19.7
Chicago	13,383	10,230	3,153	100.0	76.4	23.6
Dallas	9,531	7,982	1,549	100.0	83.7	16.3
Kansas City	3,304	2,267	1,037	100.0	68.6	31.4
Denver	1,666	1,163	503	100.0	69.8	30.2
San Francisco	11,465	9,964	1,501	100.0	86.9	13.1
Seattle	2,031	1,207	824	100.0	59.4	40.6

Source: HCFA/BDMS

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MEDICAID/TYPE OF SERVICE

	<u>Recipients (in thousands)</u>	
	FY 1984	FY 1985
Total	21,604	21,808
Inpatient Services		
General Hospitals	3,464	3,434
Mental Hospitals	36	60
Skilled Nursing Facility Services	559	547
ICF Services		
Mentally Retarded	141	146
All Other	796	829
Physician Services	14,202	14,387
Dental Services	4,939	4,634
Other Practitioner Services	3,359	3,357
Outpatient Hospital Services	10,032	10,072
Clinic Services	2,030	2,121
Laboratory and Radiological Services	4,753	6,354
Home Health Services	434	535
Prescribed Drugs	13,932	13,921
Family Planning Services	1,576	1,636
Early and Periodic Screening	1,867	1,902
Rural Health Clinic Services	80	86
Other Care	2,531	3,383

Source: HCFA/OACT

MEDICAID/UNITS OF SERVICE

	<u>Units (in thousands)</u>
	FY 1985
General Hospital	
Total Discharges	3,614
Recipients Discharged	2,389
Total Days of Care	29,528
Skilled Nursing Facility	
Total Recipients	547
Total Days of Care	111,632
Intermediate Care Facility (excluding MR)	
Total Recipients	829
Total Days of Care	207,061
Home Health Visits	14,507
Physician Visits	76,428
Rural Health Clinic Visits	278
Drug Prescriptions	190,126

Source: HCFA/OACT

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MEDICAID/ABORTIONS

	FY 1983	FY 1984	FY 1985	FY 1986
Total Number Reported	846	896	874	237
Annual Percent Change	--	-5.5	-2.5	-72.9
Total Expenditures (thousands)	\$708	\$666	\$805	\$144
Annual Percent Change	--	-6.0	20.9	-82.1

Source: HCFA/BQC

MEDICAID/EPSTD

	FY 1982	FY 1983	FY 1984	FY 1985
Total Reported Individuals Screened (in thousands)	1,705	2,040	1,867	2,373
Total Payments for Screening (in millions) ^{1/}	\$61	\$84	\$79	\$109
Average Screening Cost	\$36	\$41	\$42	\$46

^{1/} Excludes treatment costs for referable conditions.

Source: HCFA/BPO

MEDICAID/EPSTD

	FY 1986
Average number of eligible children	9,462,668
Average number enrolled in continuing care arrangements	730,550
Percent of eligible children enrolled	7.7
Number of initial and periodic examinations	2,818,318
Number of examinations where at least one referable condition was indentified	832,874

NOTE: From HCFA-420 EPSTD quarterly reports. Excludes Puerto Rico, American Samoa and the Northern Marianas.

Source: HCFA/BPO

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NATIONAL/COMMUNITY HOSPITAL UTILIZATION TRENDS

	Admissions (in millions)	Inpatient Days (in millions)	Average Stay (days)	Outpatient Visits (in millions)	Adjusted Expense Per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986 (Est.)	32.6	231	7.1	236	503

(12 month period ending in September.)

Source: American Hospital Association data for 1973-1984 are based on annual survey data as reflected in American Hospital Association's Hospital Statistics, 1974-1986 Editions. Data for 1986 are partially estimated using AHA's Community Panel Survey.

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VIII. PROVIDERS/SUPPLIERS

Information about institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.

MEDICARE INPATIENT HOSPITALS/TRENDS

	1975	1980	1984	1985	1986
Total Hospitals	6,773	6,777	6,675	6,707	6,720
Beds (thousands)	1,140	1,150	1,144	1,144	1,146
Beds per 1,000 Enrollees <u>1/</u>	51.7	46.7	42.6	42.5	41.7
Short-Stay	6,107	6,104	6,038	6,034	5,994
Beds (thousands)	902	991	1,023	1,027	1,026
Beds per 1,000 Enrollees <u>1/</u>	40.9	40.2	38.1	38.2	37.4
Psychiatric	385	408	433	474	509
Beds (thousands)	199	131	97	95	97
Beds per 1,000 Enrollees <u>1/</u>	9.0	5.3	3.6	3.5	3.5
Other Long-Stay	281	265	204	199	217
Beds (thousands)	40	28	23	22	23
Beds per 1,000 Enrollees <u>1/</u>	1.8	1.1	0.9	0.8	0.8

1/ Based on number of aged HI enrollees. 1986 figures are based on enrollment as of July 1, 1985.

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1975	1980	1984	1985	1986
Skilled Nursing Facilities	5,295	5,052	5,952	6,451	6,897
Bed (thousands)	287	436	530	N/A	449
Home Health Agencies	2,242	2,924	4,684	5,679	5,978
Independent Laboratories	3,048	3,447	3,801	3,980	4,138
End Stage Renal Disease Facilities	--	999	1,334	1,393	1,449
Outpatient Physical Therapy	117	419	791	854	907
Portable X-Ray	132	216	269	308	347
Rural Health Clinics	--	391	420	428	432
Comprehensive Outpatient Rehabilitation Facilities	--	--	48	72	96
Ambulatory Surgical Centers	--	--	155	336	574
Hospice	--	--	108	164	268

N/A: Not Available

Source: HCFA/BDMS

February 1987

SELECTED MEDICARE FACILITIES/TYPE OF CONTROL

	Short- Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,994	6,897	5,978
Non-Profit	55.5%	23.0%	37.9%
Proprietary	13.8%	69.3%	35.2%
Government	30.7%	7.7%	26.9%

(July 1986)

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

MEDICARE PIP FACILITIES/TRENDS

	1975	1980	1983	1984	1985	1986
Hospitals						
Number of PIP	1,524	2,276	2,677	3,201	3,242	3,382
Percent of Total Participating	22.5	33.8	38.5	48.0	48.3	50.3
Skilled Nursing Facilities						
Number of PIP	161	203	236	243	224	233
Percent of Total Participating	4.1	3.9	4.2	4.1	3.4	3.4
Home Health Agencies						
Number of PIP	86	481	683	785	931	1,094
Percent of Total Participating	3.8	16.0	16.6	16.6	16.0	18.4

(Data for 1983 and later as of September; prior years as of December.
Facilities receiving periodic interim payments (PIP) under Medicare.)

NOTE: Effective for claims received on or after July 1, 1987, the Omnibus Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for inpatient services in PPS hospitals except for those having a disproportionate share adjustment of at least 5.1 percent during FY 1987 and for rural hospitals with fewer than 100 beds.

Source: HCFA/BDMS and BQC

February 1987

MEDICARE ASSIGNED CLAIMS/TRENDS

<u>Fiscal Year</u>	<u>Net Assignment Rate</u>
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0

Source: HCFA/BQC

February 1987

Medicare Participating Physician and Supplier Program

Participation Status - May 1, 1986

28.3% Physicians*	137,953 Participating	
	487,464 Billing Medicare	
19.0% Suppliers	14,238 Participating	
	74,937 Billing Medicare	

Comparison to Prior Enrollments

	<u>May 1986</u>		<u>October 1985</u>	<u>October 1984</u>
	<u>Number</u>	<u>%</u>	<u>%</u>	<u>%</u>
Physicians*	137,953	28.3	28.4	30.4
Suppliers	14,238	19.0	23.0	23.8
Total	152,191	27.1	27.7	29.4

Participating Both Oct.1985/May 1986

Physicians*	123,172
Suppliers	11,803
Total	134,975

New Participants

Physicians	14,781
Suppliers	2,435
Total	17,216

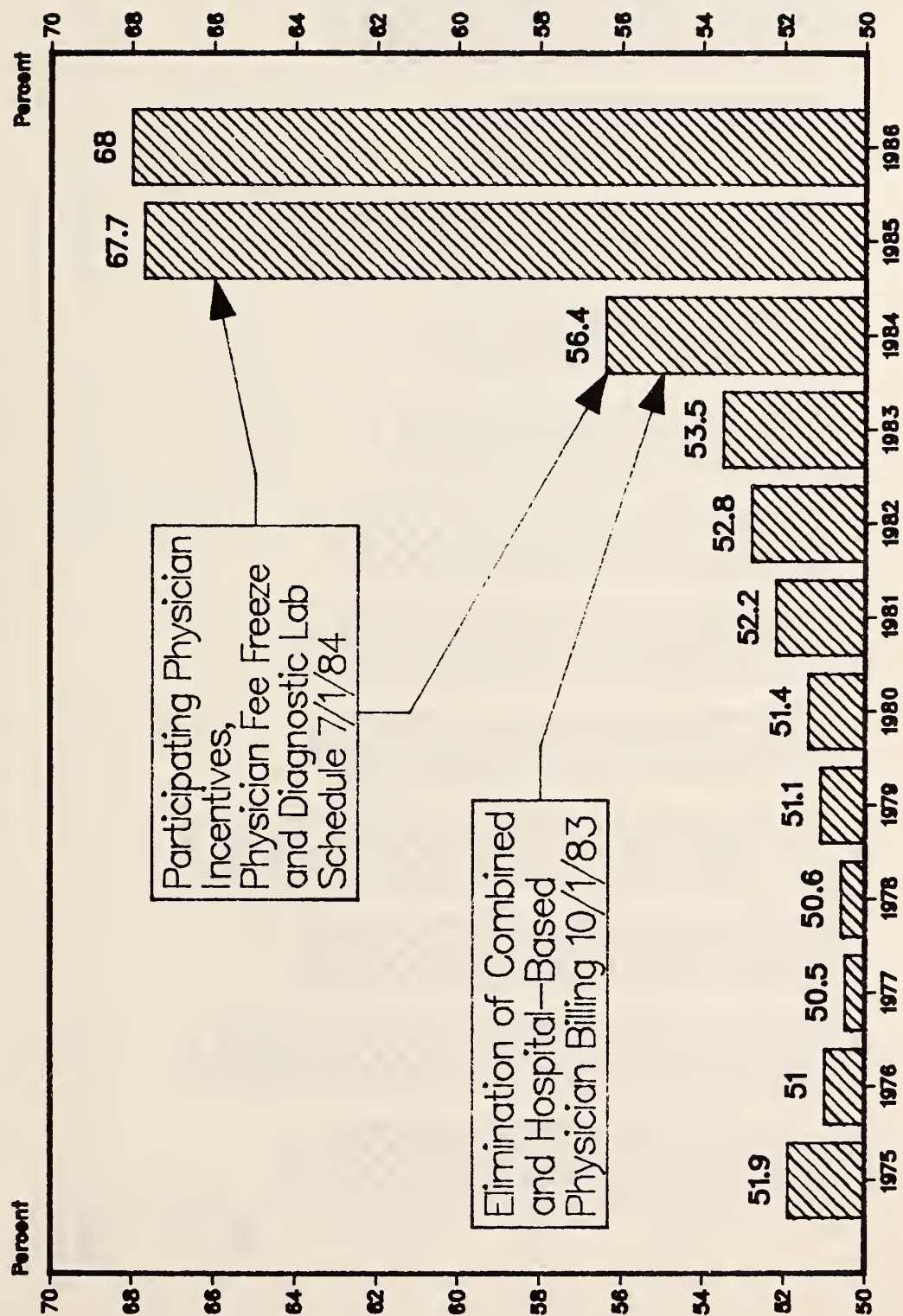
*Includes M.D.s, D.O.s, and limited license practitioners.

The participating physician/supplier program was originally enacted as a part of the Deficit Reduction Act (DEFRA). Congress provided additional incentives through the Consolidated Omnibus Budget Reconciliation Act (COBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning May 1, 1986. Physicians and suppliers were given the opportunity to enroll or terminate participation during April 1986.

- o Overall, 91.2% of the physicians and suppliers who participated in October 1985 are also participating during the period May through December 1986.
 - + 94.2% of the physicians continued to participate
 - + 68.1% of the suppliers continued to participate
- o The overall participation percentages increased in 22 States, while decreasing in 28 States and the District of Columbia.

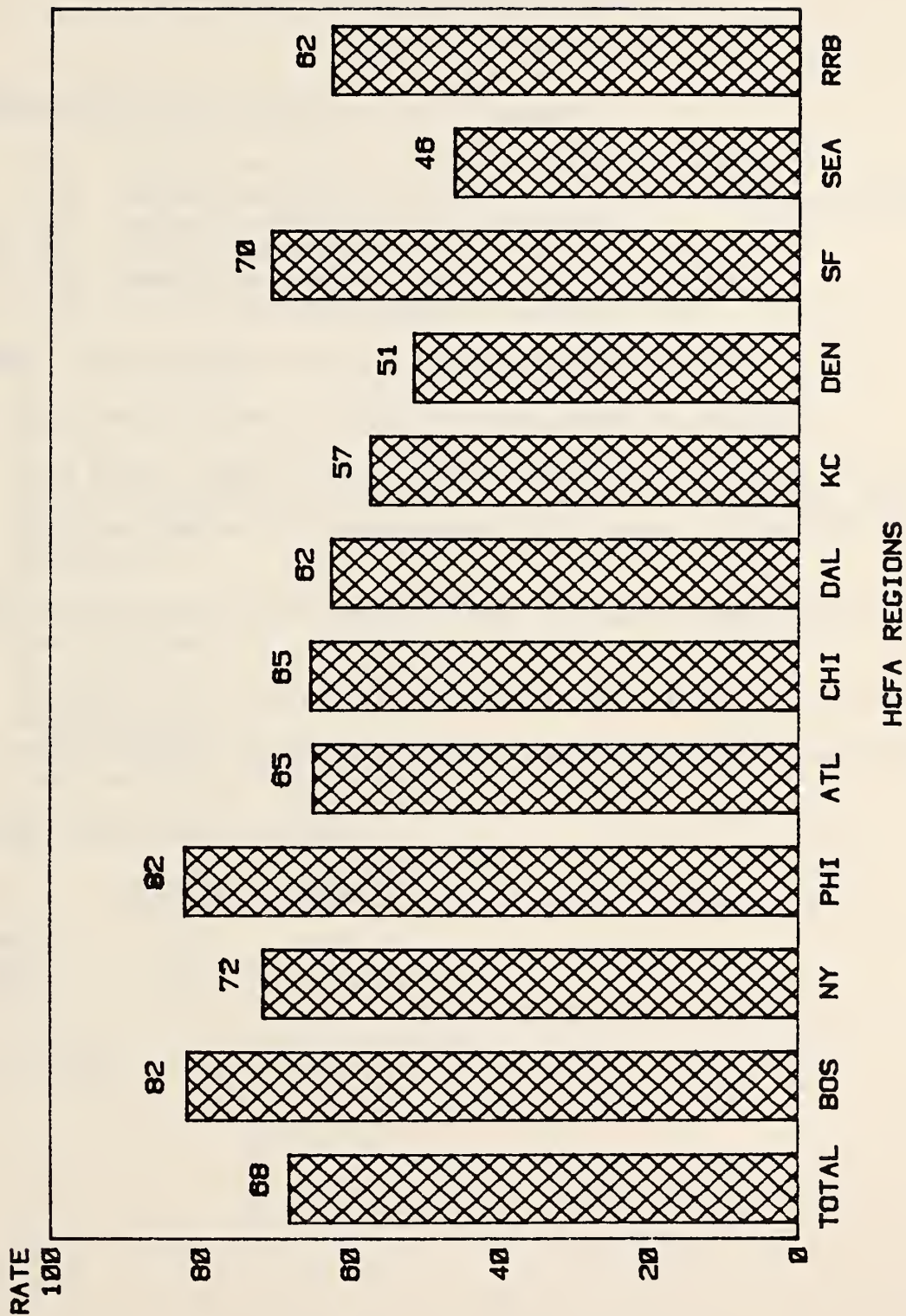
NOTE: Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1975-1986





Medicare Assignment Rate by Region, FY1986



MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

Current TEFRA Risk Contract Summary: (as of 2/1/87)

—	151	Signed Contracts in 33 States (includes 20 CMPS)
—	32	Pending Contracts in 4 additional States (includes 11 CMPS)
—	\$ 215	Average monthly payments per enrollee
—	\$ 193	Average monthly ACR
—	\$ 22	Average monthly savings returned to beneficiary
—	\$ 185m	Prospective payments made for February 1987

o TEFRA risk enrollment reached 864,603 for February 1987.

— Enrollment increased 3.3 percent from January to February.

— In 9 States, TEFRA risk enrollees account for more than 5% of the Medicare population (Minnesota 26%, Hawaii 20%, Nevada 14%, Florida 10%, New Mexico 8%, Massachusetts 7%, Oregon 7%, California 6%, Colorado 6%).

o The monthly disenrollment rate remained the same at approximately 1.9% of total enrollment.

— Transfers to other plans account for almost 60% of all disenrollments.

— When excluding transfers to other plans, the actual disenrollment rate is slightly less than 1%.

Federal Qualification (as of 2/1/87)

		<u>Qualified</u>	<u>Pending</u>
o	HMOs	453	53
o	CMPS	25	16

Source: HCFA/OPHC

BENEFIT AND PREMIUM SUMMARY
TEFRA RISK HMOs AND CMPs
 (as of 2/1/87)

	Extended Hospital Days	Extended SNF Days	Preventive Care	Outpatient Drugs	Eye Care	Ear Care	Dental	Mental Health	Miscellaneous
Number and Percent of Plans offering benefits over and above Medicare covered services in either basic or high option package	134	61	131	113	112	67	28	60	65
	86%	39%	86%	74%	75%	45%	18%	40%	43%

Plans charging copays for basic package: 114 yes (75 %); 37 no (25 %)

Plans offering high option package: 39 (24 %) (70 % with copays; 30 % without)

Basic premium range:

<u>Number of plans</u>	<u>Range</u>	<u>%</u>
14	\$ 0	9
19	below \$20.00	13
78	\$20.00 - \$38.51	52
40	above \$38.51	26

Average basic premium = \$28.50 Highest basic premium = \$54.50

Source: HCFA/OPHC

ENROLLMENT AND PAYMENT SUMMARY
(as of February 1, 1987)

Medicare HMO/CMP Data

<u>Type of Contract</u>	<u>Number of Contracts</u>	<u>Number of Enrollees*</u>	<u>Payment For Feb. 87 (millions)</u>	<u>Payment Fiscal Year to Date (millions)</u>
RISK				
TEFRA	151 ^{1/}	864,603	\$185.0	\$ 832.0
Old Risk	4	49,710	7.7	36.6
Demos	7	28,053	6.9	32.7
Subtotal	162	942,366	\$199.6	\$ 901.3
TEFRA COST	42	105,369	\$ 7.0	\$ 33.7
OTHER ^{2/}	--	20,180	\$ 1.3	\$ 8.2
Subtotal HMO/CMP	204	1,067,916	\$207.9	\$ 943.2
PART B ^{3/}				
HCPP	35	602,536	34.9	174.0
TOTAL	239	1,670,452	\$242.8	\$ 1,117.2

^{1/} Includes 12 contracts which have been signed, but for which no payment has yet been made.

^{2/} 17 plans with TEFRA risk contracts have enrollees still being paid under the cost method.

^{3/} Includes enrollment from 9 HCPPs which have signed risk contracts.

* Data based on "payment months" for prospective payment made for February.

Source: HCFA/OPHC

**SUMMARY OF RISK CONTRACTS
BY CATEGORY**

(As of 2/1/87)

<u>Category</u>	<u>Number of Contracts</u>	<u>%</u>	<u>Number of Enrollees</u>	<u>%</u>
<u>Signed TEFRA Risk Contracts</u>				
<u>Model</u>				
IPA	88	58%	349,475	41%
Group	32	21%	245,695	28%
Staff	24	16%	109,594	13%
Network	7	5%	159,839	18%
<u>Ownership</u>				
Profit	61	40%	405,526	50%
Nonprofit	90	60%	459,075	50%
<u>Billing Method</u>				
Option B	29	19%	75,704	8%
Option C	122	81%	788,899	92%
<u>Open Enrollment</u>				
Continuous	121	84%	736,230	88%
30 days	17	12%	75,798	9%
Closed (at capacity)	0	--	--	--
Other	7	4%	20,685	3%
<u>Pending TEFRA Risk Contracts</u>				
<u>Model</u>				
IPA	23	70%		
Group	4	12%		
Network	3	9%		
Staff	1	3%		
Direct	2	6%		
<u>Ownership</u>				
Profit	18	56%		
Nonprofit	14	44%		

Source: HCFA/OPHC

MEDICARE PREPAID OPERATIONS
(Pre and Post TEFRA Comparison)

	Pre-TEFRA (As of March, 1985)		Post-TEFRA (As of 2/1/87)	
	<u># Plans</u>	<u>#Enrollees</u>	<u># Plans</u>	<u>#Enrollees</u>
TEFRA Risk	---	---	151	864,603
Old Risk	4	37,353	4	49,710
Cost Basis	65	116,608	42	125,549
DEMO	<u>39</u>	<u>310,023</u>	<u>7</u>	<u>28,053</u>
Total HMO	108	463,984	204	1,067,916
HCPPs & GPPPs	<u>46</u>	<u>612,131</u>	<u>35</u>	<u>602,536</u>
Total Prepaid	154	1,076,115	239	1,670,452
		(3.6% of Total Medicare Beneficiaries)		(5.2% of Total Medicare Beneficiaries)

Source: HCFA/OPHC

PHYSICIANS/TRENDS

Year	Type of Physician			Active Physicians per 10,000 Population
	Total	Doctors of Medicine (M.D.)	Doctors of Osteopathy (D.O.)	
1970-----	326,500	314,200	12,300	15.6
1971-----	337,400	325,000	12,400	15.9
1972-----	348,300	335,500	12,800	16.3
1973-----	355,700	342,500	13,200	16.4
1974-----	370,000	356,400	13,600	16.9
1975-----	384,500	370,400	14,100	17.4
1976-----	399,500	385,000	14,500	17.9
1977-----	405,900	390,800	15,100	18.0
1978-----	424,000	408,300	15,700	18.6
1979-----	440,400	424,000	16,400	19.1
1980-----	457,500	440,400	17,100	19.7
1981-----	466,700	448,700	18,000	19.9
1982-----	483,700	465,000	18,700	20.5
1983-----	501,200	481,500	19,700	21.1
1984-----	N/A	N/A	N/A	N/A
1985-----	534,800	512,900	21,900	22.0
Projected				
1990-----	587,700	559,500	28,200	23.5
2000-----	696,500	656,100	40,400	26.0

(Data are based on reporting by physicians and medical schools.)

NOTES: The population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico and other U.S. outlying areas; and the Armed Forces abroad. The numbers of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown is allocated into the totals.

Sources: HRSA/Bureau of Health Professions and Bureau of Census

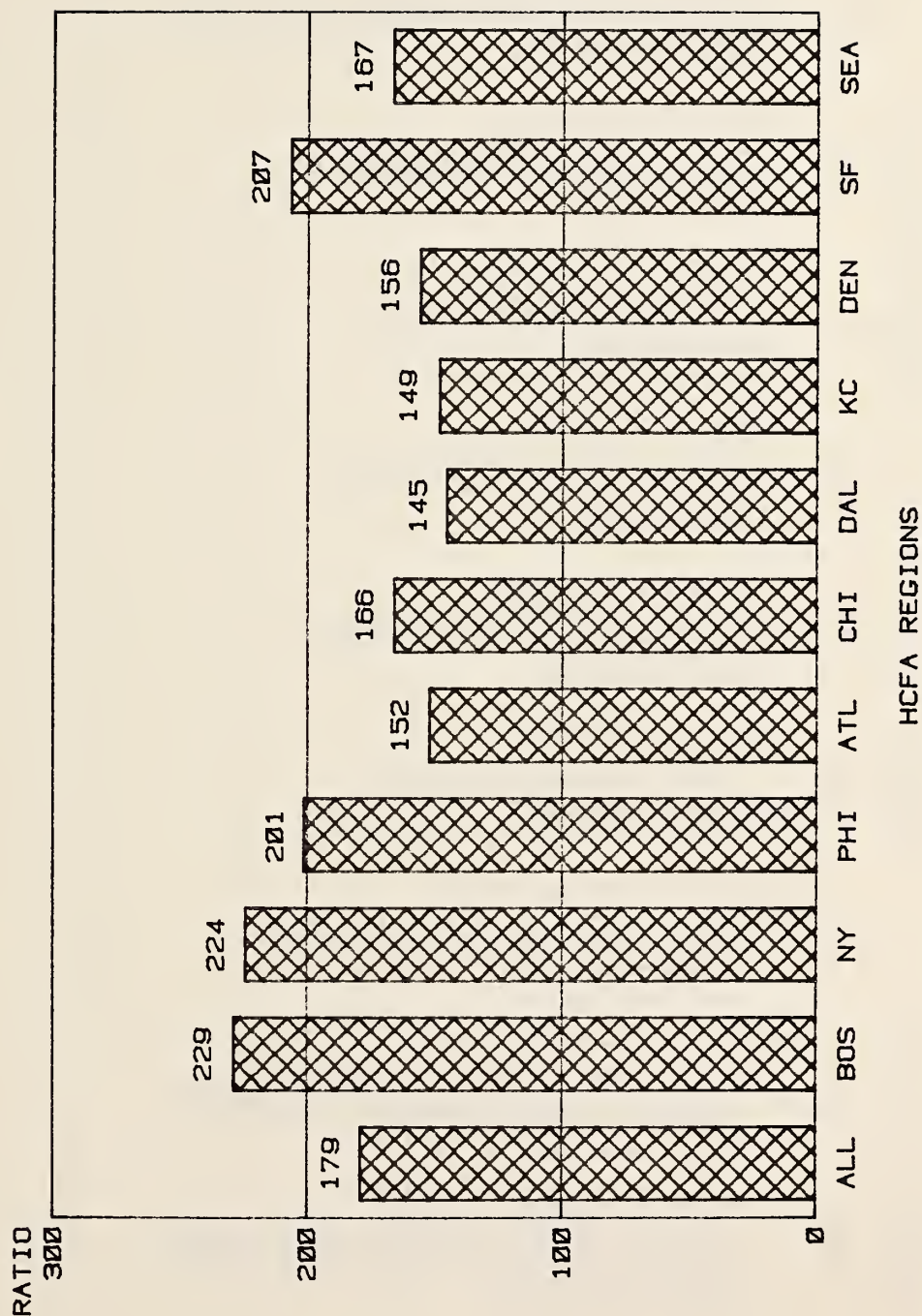
Ratio of Non-Federal Physicians Involved in Patient Care
per 100,000 Civilian Population, 1985

<u>HCFA Regions</u>	<u>Ratio</u>	<u>Index</u>
All Regions	179	1.00
Boston	229	1.27
New York	224	1.25
Philadelphia	201	1.12
Atlanta	152	.85
Chicago	166	.93
Dallas	145	.81
Kansas City	149	.83
Denver	156	.87
San Francisco	207	1.16
Seattle	167	.93

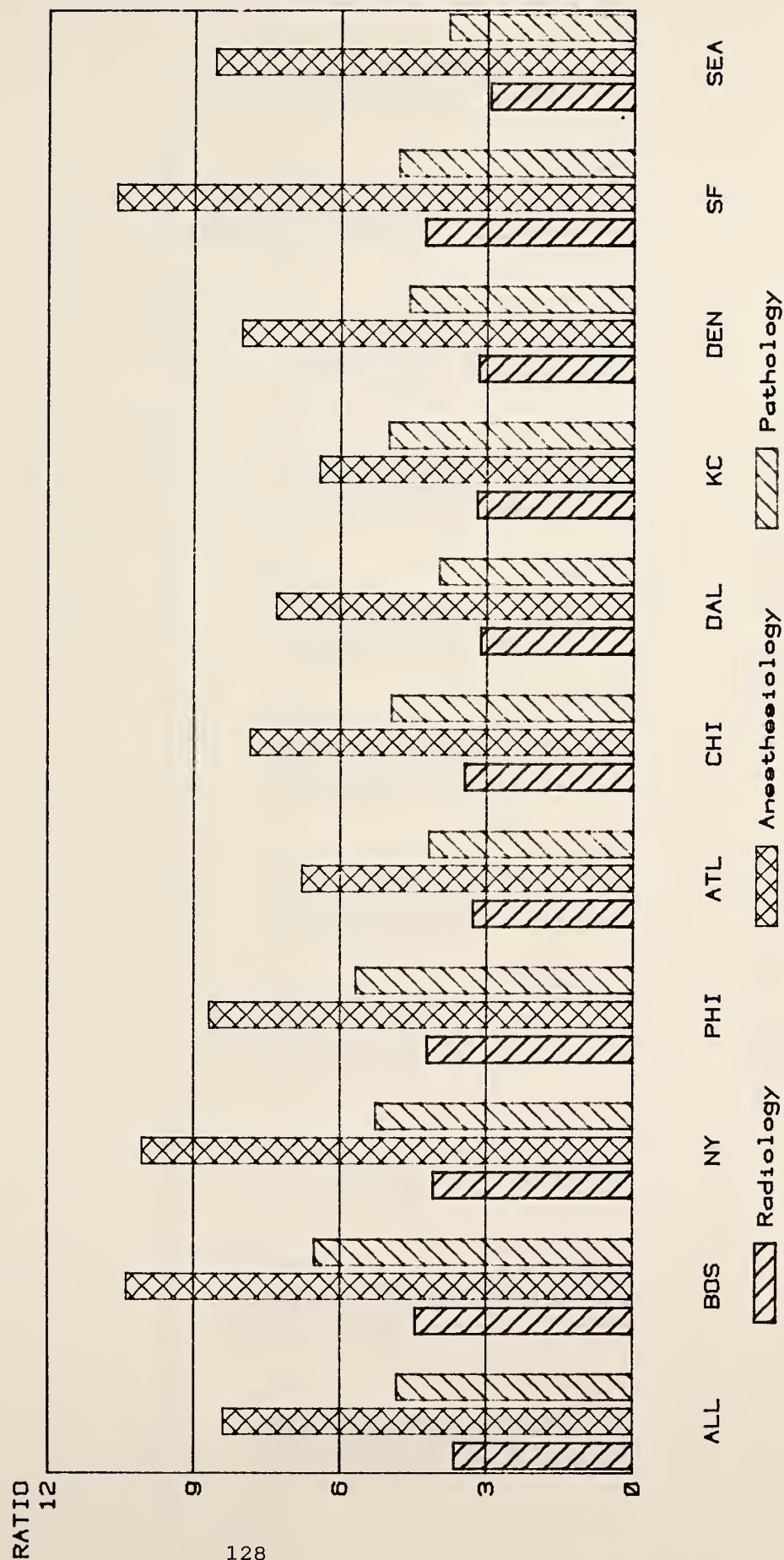
Source: American Medical Association

February 1987

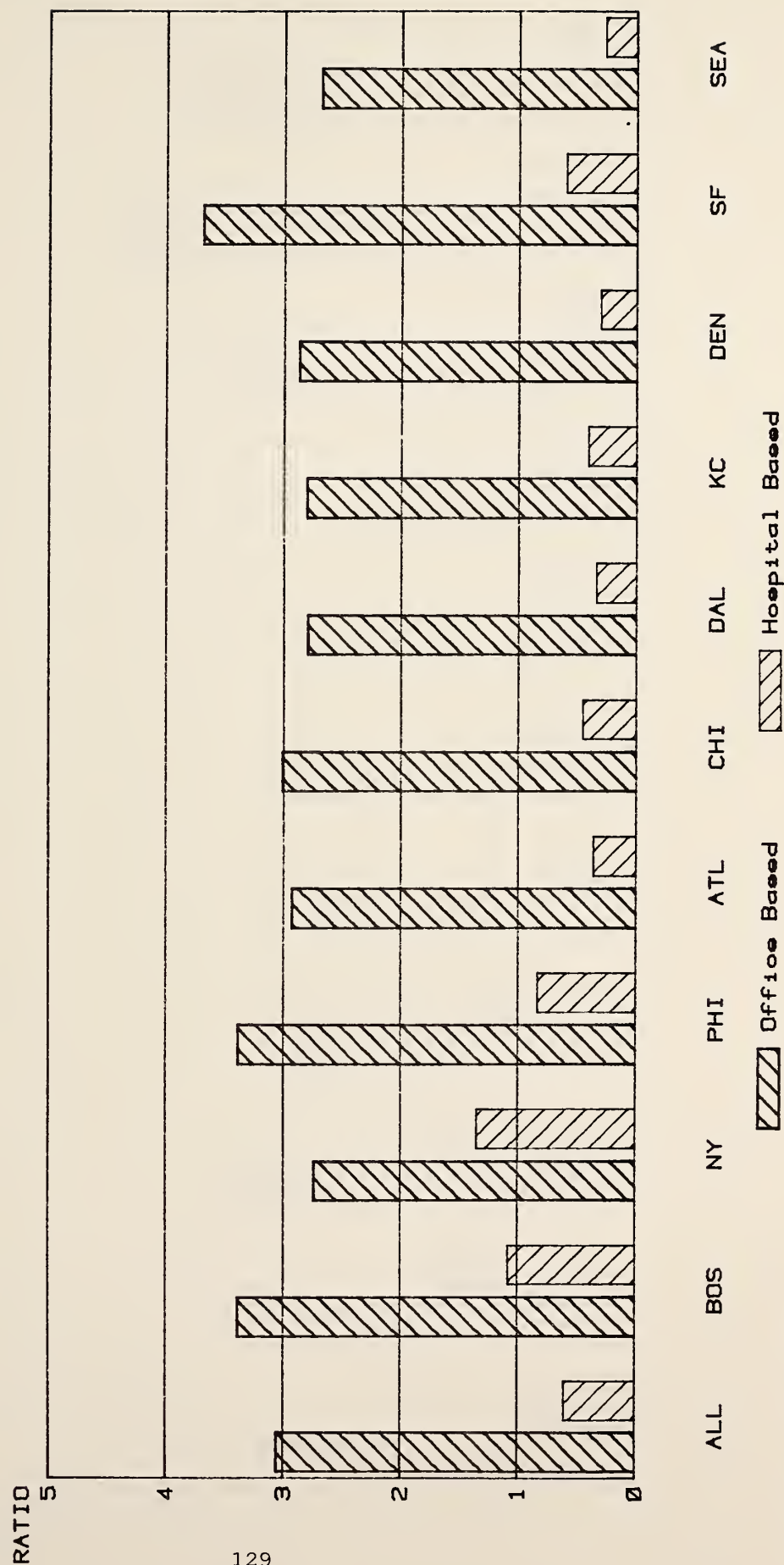
Ratio of Non-Federal Physicians, Involved in Patient Care, per 100,000 Civilian Population, 1985



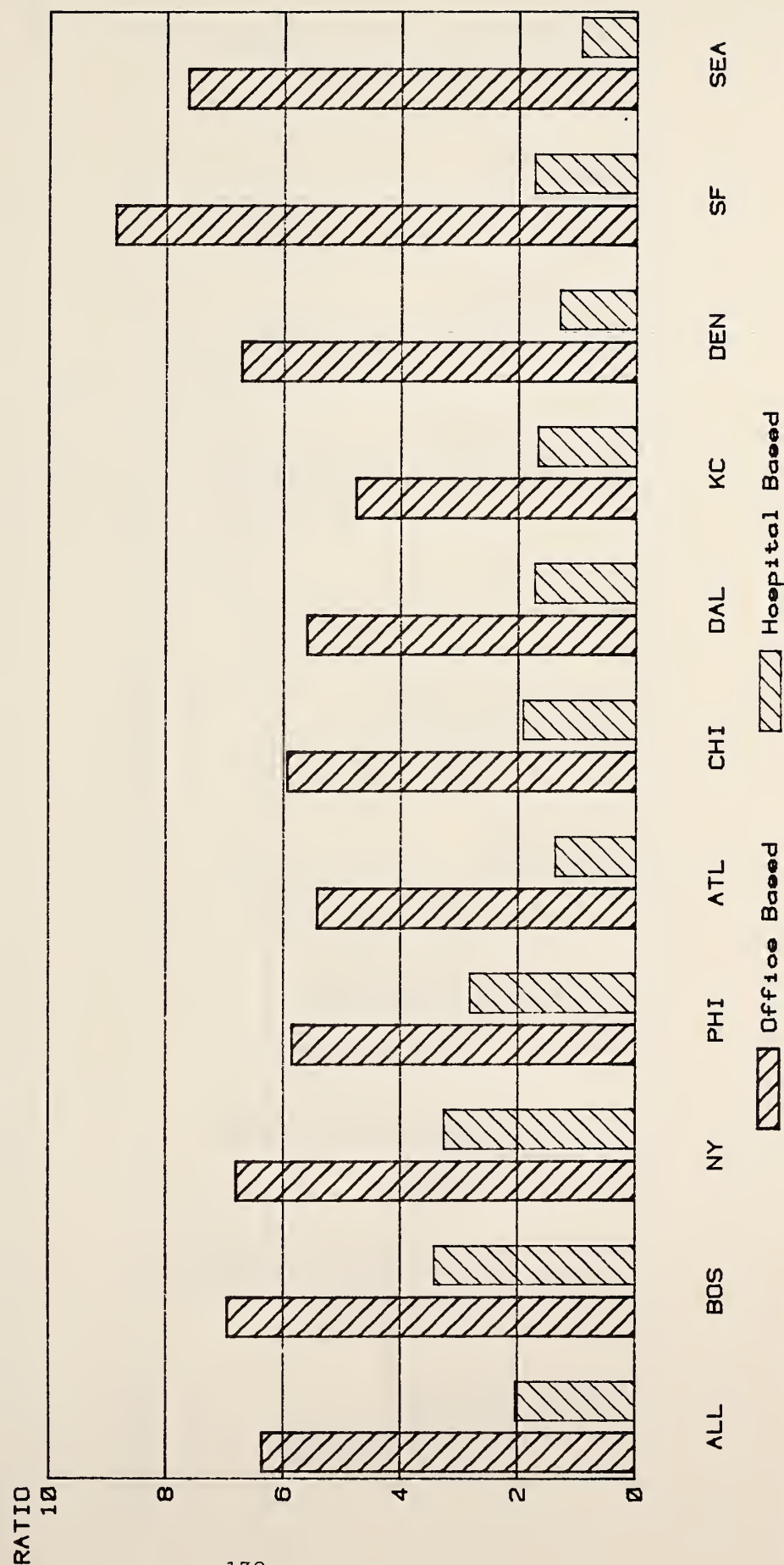
Ratio of Non-Federal Physicians Involved in Patient Care per 100,000 Civilian Population, by Specialty and HCFA Region, 1985



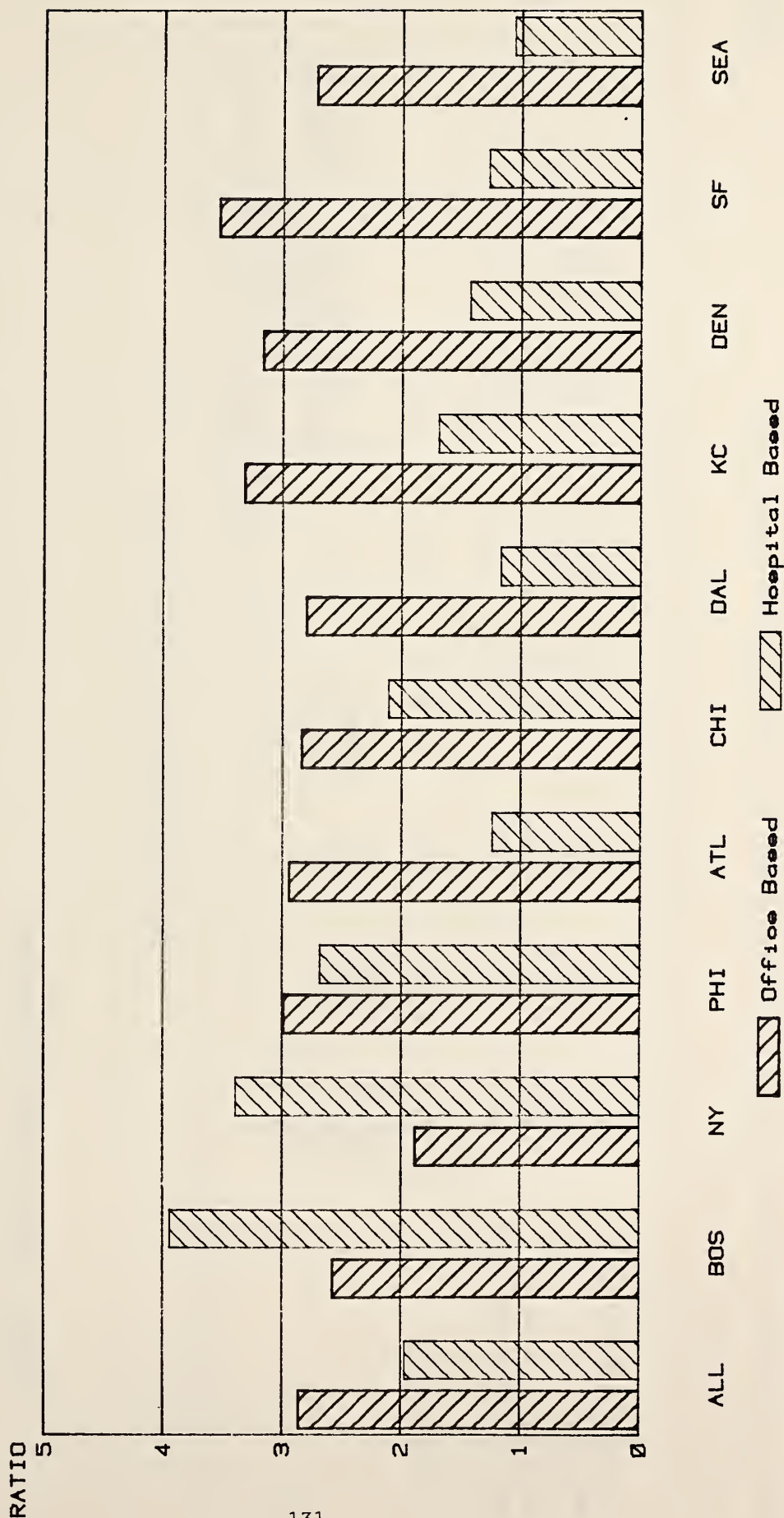
Ratio of Non-Federal Radiologists Involved in Patient Care per 100,000 Civilian Population, by Place of Service and HCFA Region, 1985



Ratio of Non-Federal Anesthesiologists Involved in Patient Care per 100,000 Civilian Population, by Place of Service and HCFA Region, 1985



Ratio of Non-Federal Pathologists Involved in Patient Care per 100,000 Civilian Population, by Place of Service and HCFA Region, 1985



PHYSICIAN SPECIALTIES/TRENDS

	1970		1982		1983		1985	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Non-Federal Physicians								
Active in Patient Care	255,027	100.0	393,291	100.0	408,075	100.0	431,527	100.0
Medical Specialties	60,968	23.9	118,386	30.1	122,527	30.0	132,519	30.7
Surgical Specialties	75,991	29.8	110,957	28.2	114,376	28.0	118,955	27.6
Other Specialties	63,970	25.1	105,530	26.8	110,992	27.2	117,109	27.1
General Practice	54,098	21.2	58,418	14.9	60,180	14.7	62,944	14.6

Source: American Medical Association

PHYSICIAN INCOME AND EXPENSES 1985

	Mean Net Income* (thous.)	Mean (thous.)	Total	Mean Expenses					
				Percentage Distribution					
				Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
All Physicians	\$ 113.2	\$102.3	100.0	34.1	25.2	10.7	9.9	5.8	14.4
Specialty									
General/Family Practice	77.9	95.0	100.0	38.5	26.1	14.9	7.1	5.1	8.3
Internal Medicine	101.0	89.6	100.0	34.2	28.9	12.7	6.9	8.0	9.3
Surgery	155.4	136.8	100.0	31.5	23.0	9.9	12.0	6.2	17.3
Pediatrics	77.1	89.1	100.0	37.3	26.2	14.0	5.2	4.4	13.0
Obstetrics/Gynecology	122.7	130.0	100.0	33.1	27.3	9.4	17.8	5.5	7.0

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association.

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PHYSICIAN INCOME AND EXPENSES/TRENDS

Year	Mean Net Income* (thous.)	Mean (thous.)	Mean Expenses Percentage Distribution					Other
			Total	Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment
1983	\$ 106.3	\$ 85.9	100.0	34.0	24.4	10.7	8.3	5.9
1984	108.4	92.6	100.0	33.0	25.9	11.3	9.1	5.9
1985	113.2	102.3	100.0	34.1	25.2	10.7	9.9	5.8

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association.

February 1987

IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.

Medical Assistance Payments Expenditures/Estimates **
Fiscal Years 1984 through 1986
(Dollars in Thousands)

	Fiscal Year 1984 (A)		Fiscal Year 1985 (A)		Fiscal Year 1986 (B)	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
Alabama	362,879	262,792	479,223	346,649	427,319	309,625
Alaska	56,855	30,459	64,367	33,558	82,487	43,057
American Samoa	2,969	1,150	3,193	1,150	3,193	1,150
Arizona	89,701	56,443	96,172	60,715	101,653	66,435
Arkansas	342,433	251,843	372,287	274,593	404,667	299,051
California	3,737,530	1,898,806	4,277,481	2,139,669	4,756,243	2,382,254
Colorado	308,199	153,890	321,742	161,692	317,629	158,909
Connecticut	542,559	268,804	579,879	288,617	670,178	335,624
Delaware	67,429	33,933	69,086	35,289	80,950	41,015
Dst. of Col.	289,205	146,385	306,035	153,278	311,841	156,279
Florida	800,339	466,818	955,498	556,965	1,022,953	574,780
Georgia	606,240	409,211	767,160	517,516	820,638	542,139
Guam	3,710	1,745	3,408	1,704	3,096	1,548
Hawaii	137,748	68,745	141,370	69,292	140,150	71,879
Idaho	68,288	44,972	74,865	50,450	81,982	56,964
Illinois	1,728,091	859,948	1,719,781	868,536	1,736,537	873,721
Indiana	629,174	378,345	736,148	442,502	861,763	542,692
Iowa	317,122	175,682	361,293	200,601	377,670	223,374
Kansas	237,144	123,935	261,208	133,152	273,980	137,595
Kentucky	504,163	357,128	554,396	392,324	557,074	392,069
Louisiana	688,424	447,936	738,700	474,455	805,478	515,282
Maine	213,669	151,163	247,181	174,846	257,999	177,941
Maryland	603,263	300,469	612,643	308,900	709,052	356,851
Mass. DPW	1,337,426	698,235	1,568,663	775,226	1,643,120	822,926
Mass. Blind	31,569	16,030	30,519	15,299	37,489	18,745
Michigan	1,700,217	866,643	1,685,516	859,459	1,886,434	1,076,623
Minnesota	940,759	496,648	1,011,834	534,612	1,029,665	551,360
Mississippi	314,612	244,679	296,738	231,082	337,439	264,177
Missouri	503,885	304,400	556,111	349,653	572,765	348,159
Montana	94,486	61,172	97,824	63,275	116,310	77,245
Nebraska	154,417	88,518	168,173	96,311	188,898	108,222
Nevada	63,112	31,617	66,725	33,476	79,395	40,031
New Hampshire	113,335	67,226	118,387	70,192	139,107	76,712
New Jersey	1,046,720	523,003	1,165,491	585,473	1,318,342	661,843

Medical Assistance Payments Expenditures/Estimates **
Fiscal Years 1984 through 1986
(Dollars in Thousands)

	Fiscal Year 1984 (A)		Fiscal Year 1985 (A)		Fiscal Year 1986 (B)	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
New Mexico	134,838	94,307	153,390	106,380	171,919	119,862
New York	7,013,770	3,468,566	7,864,178	3,796,395	8,214,385	4,117,272
North Carolina	596,505	415,433	646,907	450,838	756,406	524,551
North Dakota	97,192	59,881	115,021	70,994	117,794	64,805
N. Mariana Isl.	567	284	837	419	989	494
Ohio	1,650,782	920,496	1,754,034	974,491	2,083,994	1,223,007
Oklahoma	407,474	238,101	467,869	274,339	479,605	277,078
Oregon	239,141	134,311	252,588	146,110	291,902	180,185
Pennsylvania	1,795,023	1,008,306	1,908,377	1,070,589	2,116,540	1,205,265
Puerto Rico	124,728	60,920	139,238	60,024	242,031	58,191
Rhode Island	240,379	139,981	259,318	147,655	272,308	153,400
South Carolina	305,526	224,844	355,941	261,345	400,590	291,344
South Dakota	89,855	61,835	94,559	65,267	103,386	71,300
Tennessee	539,824	381,878	614,041	435,090	730,439	513,393
Texas	1,431,655	780,248	1,475,372	804,280	1,551,579	833,475
Utah	125,807	89,239	142,608	101,139	184,708	134,273
Vermont	89,632	62,235	88,562	61,503	96,926	64,999
Virginia	516,020	292,706	557,804	316,204	612,241	1,806
Virgin Islands	3,933	1,834	4,150	1,806	4,090	326,226
Washington	482,013	244,386	620,111	310,602	653,774	329,407
West Virginia	140,991	99,142	179,523	126,825	211,474	151,393
Wisconsin	938,919	533,675	1,027,550	586,474	1,030,707	594,865
Wyoming	25,889	13,019	28,155	14,136	32,860	16,517
TOTAL	\$ 35,323,654	\$ 19,614,400	\$ 39,259,238	\$ 21,483,421	\$ 42,514,143	\$ 23,559,385

(A) Source: Line 11, Net Reported Expenditures, Form HCFA-64. Net Adjusted Federal Share Includes HCFA Adjustments.

(B) Source: Form HCFA-25, Medicaid Program Budget Report, State Submitted Estimates November 1986.

* The effect of Section 2161 of the Omnibus Budget Reconciliation Act of 1981 is not included in this schedule.

MEDICARE ENROLLMENT/STATE

	July 1, 1985			July 1, 1985		
	Resident Population (in thousands)	Medicare Enrollees (in thousands)	Enrollees as Percent of Population	Resident Population (in thousands)	Medicare Enrollees (in thousands)	Enrollees as Percent of Population
All Areas	N/A	31,083 1/	--			
United States, Territories, and Possessions	242,441	30,839	12.7			
United States	238,740	30,437 2/	12.7			
Alabama	4,021	533	13.3			
Alaska	521	18	3.5			
Arizona	3,187	407	12.8			
Arkansas	2,359	367	15.6			
California	26,365	2,927	11.1			
Colorado	3,231	303	9.4			
Connecticut	3,174	436	13.7			
Delaware	622	77	12.4			
District of Columbia	626	79	12.6			
Florida	11,366	2,000	17.6			
Georgia	5,976	653	10.9			
Hawaii	1,054	102	9.7			
Idaho	1,005	117	11.6			
Illinois	11,535	1,441	12.5			
Indiana	5,499	696	12.7			
Iowa	2,884	435	15.1			
Kansas	2,450	342	14.0			
Kentucky	3,726	493	13.2			
Louisiana	4,481	474	10.6			
Maine	1,164	169	14.5			
Maryland	4,392	480	10.9			
Massachusetts	5,822	824	14.2			
Michigan	9,088	1,130	12.4			
Minnesota	4,193	549	13.1			
Mississippi	2,613	344	13.2			
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						
Puerto Rico						
Virgin Islands						
Other Outlying Areas						

1/ Includes United States, Territories, Possessions, Freely Associated States, and residents of foreign countries.

2/ Includes enrollees with unknown State of residence.

NOTE: Resident population for July 1, 1985 is a provisional estimate.

Source: HCFA/3DMS and Bureau of Census

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MEDICAID RECIPIENTS/STATE

	July 1, 1985 Resident Population (in thousands)	FY 1985 Medicaid Recipients (in thousands)	Recipients as Percent of Population	July 1, 1985 Resident Population (in thousands)	FY 1985 Medicaid Recipients (in thousands)	Recipients as Percent of Population	
All Reporting							
Medicaid							
Jurisdicltions	238,946	21,808	9.1	Missouri	5,029	356	7.1
				Montana	826	47	5.7
United States	238,740	20,219	8.5	Nebraska	1,606	94	5.9
				Nevada	936	28	3.0
Alabama	4,021	316	7.9	New Hampshire	998	38	3.8
Alaska	521	24	4.6				
Arizona 1/	3,187	--		New Jersey	7,562	581	7.7
Arkansas	2,359	197	8.4	New Mexico	1,450	87	6.0
California	26,365	3,381	12.8	New York	17,783	2,242	12.6
				North Carolina	6,255	343	5.5
Colorado	3,231	147	4.5	North Dakota	685	37	5.4
Connecticut	3,174	217	6.8				
Delaware	622	41	6.6	Ohio	10,744	1,045	9.7
District of				Oklahoma	3,301	270	8.2
Columbia	626	98	15.7	Oregon	2,687	153	5.7
Florida	11,366	562	4.9	Pennsylvania	11,853	1,071	9.0
				Rhode Island	968	101	10.4
Georgia	5,976	469	7.8				
Hawaii	1,054	92	8.7	South Carolina	3,347	238	7.1
Idaho	1,005	39	3.9	South Dakota	708	34	4.8
Illinois	11,535	1,063	9.2	Tennessee	4,762	362	7.6
Indiana	5,499	284	5.2	Texas	16,370	761	4.6
				Utah	1,645	72	4.4
Iowa	2,884	212	7.4				
Kansas	2,450	142	5.8	Vermont	535	50	9.3
Kentucky	3,726	408	11.0	Virginia	5,706	303	5.3
Louisiana	4,481	416	9.3	Washington	4,409	326	7.4
Maine	1,164	124	10.7	West Virginia	1,936	211	10.9
				Wisconsin	4,775	473	9.9
Maryland	4,392	329	7.5	Wyoming	509	20	3.9
Massachusetts	5,822	523	9.0				
Michigan	9,088	1,133	12.5	Puerto Rico	3,282	1,572	47.9
Minnesota	4,193	357	8.5	Virgin Islands	111	17	15.3
Mississippi	2,613	300	11.5				

1/ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

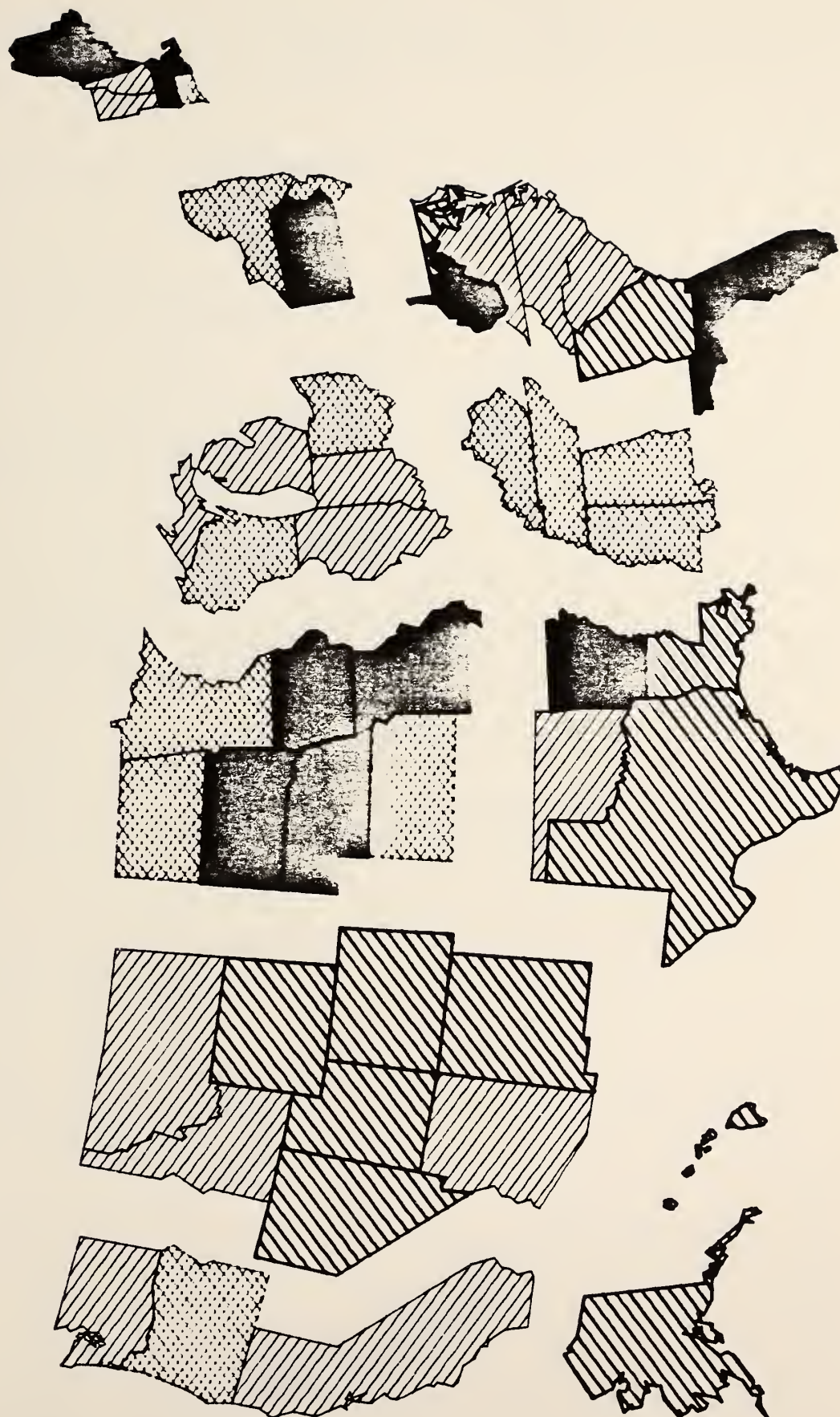
NOTE: Resident population for July 1, 1985 is a provisional estimate.

Source: HCFA/OACT and Bureau of Census

February 1987

Medicare Enrollment as Percent of Population

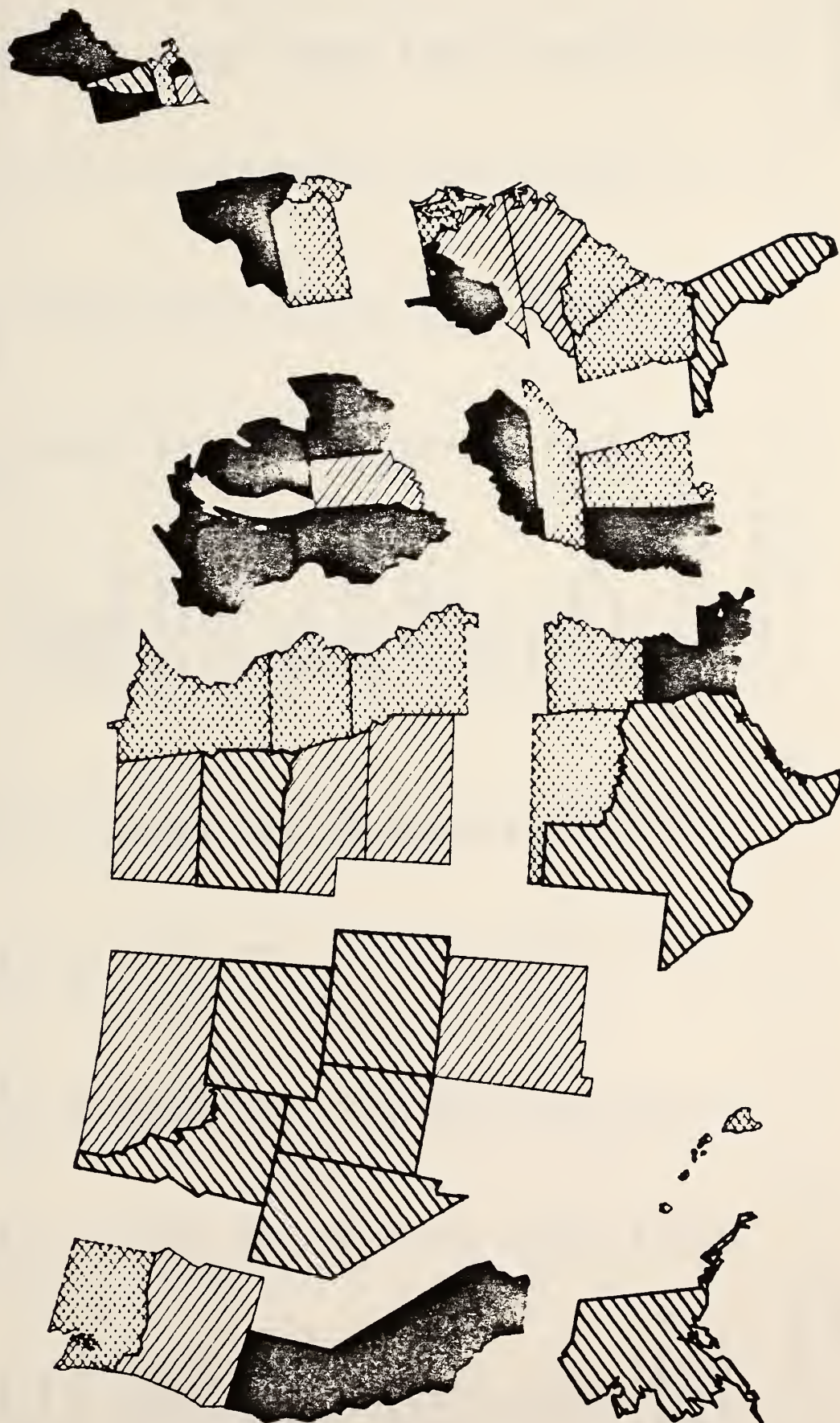
July 1, 1985



Percent 0-11.0 11.1-13.0 13.1-14.0 Over 14.0

Medicaid Recipients as Percent of Population

Fiscal Year 1985



Percent 0-5.0 5.1-7.0 7.1-9.0 Over 9.0

MEDICARE PERSONS SERVED/STATE, CY 1984

Area of Residence	Aged Persons Served (thous.)	Served per 1,000 Enrollees	Disabled Persons Served (thous.)	Served per 1,000 Enrollees	Aged Persons Served (thous.)	Served per 1,000 Enrollees	Disabled Persons Served (thous.)	Served per 1,000 Enrollees
All Areas	18,904	686	1,845	640	Missouri	440	41	616
United States	18,783	695	1,821	655	Montana	62	5	602
Alabama	310	676	40	628	Nebraska	131	8	604
Alaska	9	638	1	534	Nevada	55	6	647
Arizona	247	697	21	605	New Hampshire	77	6	626
Arkansas	216	674	26	607	New Jersey	663	61	700
California	1,872	725	195	729	New Mexico	85	9	595
Colorado	182	672	16	641	New York	1,636	157	707
Connecticut	292	737	21	704	North Carolina	437	56	613
Delaware	49	736	5	661	North Dakota	62	4	646
District of Columbia	52	728	5	663	Ohio	858	87	638
Florida	1,318	736	97	676	Oklahoma	241	19	555
Georgia	379	688	58	674	Oregon	226	19	634
Hawaii	60	671	5	652	Pennsylvania	1,195	109	694
Idaho	72	679	5	613	Rhode Island	107	9	674
Illinois	849	649	71	638	South Carolina	199	31	609
Indiana	403	650	40	606	South Dakota	62	4	568
Iowa	271	673	19	642	Tennessee	346	47	635
Kansas	229	724	14	666	Texas	945	78	601
Kentucky	266	628	36	565	Utah	82	5	613
Louisiana	241	596	32	539	Vermont	44	4	690
Maine	111	736	11	687	Virginia	377	47	664
Maryland	308	725	29	697	Washington	337	27	649
Massachusetts	491	653	39	625	West Virginia	159	24	575
Michigan	768	775	86	730	Wisconsin	420	35	688
Minnesota	322	634	22	653	Wyoming	26	2	553
Mississippi	194	661	28	609	Puerto Rico	112	23	249
					Other outlying areas	3	1/	296
					Foreign Countries	6	1	38

1/ Less than 500.

Source: HCFA/BDMS

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NATIONAL/COMMUNITY HOSPITAL CARE BY STATE

	Admissions (in thousands)	Average Stay (days)	Occupancy Rate	Outpatient Visits (in thousands)	Admissions (in thousands)	Average Stay (days)	Occupancy Rate	Outpatient Visits (in thousands)
United States	33,449	7.1	64.8	218,716				
Alabama					802	7.4	63.4	3,855
Alaska	659	6.9	62.9	2,672	113	8.6	58.8	615
Arizona	46	5.4	63.0	346	244	8.4	57.2	1,282
Arkansas	374	6.0	61.0	2,592	110	5.9	53.9	628
California	378	6.0	55.6	1,340	124	6.3	64.1	1,201
	3,042	6.2	62.3	24,377				
Colorado					1,106	7.3	74.4	6,452
Connecticut	370	6.6	58.6	2,949	161	5.7	60.5	1,259
Delaware	394	7.2	74.2	3,386	2,564	9.4	83.5	23,010
District of Columbia	77	7.1	68.3	641	792	6.8	64.8	3,315
Florida					122	9.2	61.1	373
	165	8.1	75.7	1,068				
Georgia	1,681	6.9	62.6	7,487	1,641	7.0	63.1	12,346
Hawaii					446	6.2	55.4	1,757
Idaho	922	6.5	64.1	5,139	333	5.3	54.9	2,252
Illinois	95	8.3	75.3	1,229	1,904	7.3	68.2	15,487
Indiana	114	6.4	56.7	808	125	7.7	75.4	1,081
	1,752	7.3	63.5	12,053				
Iowa	786	6.6	60.5	5,978	414	7.0	67.9	2,185
Kansas					112	8.7	58.0	390
Kentucky	413	7.6	56.8	3,026	867	6.8	64.3	3,750
Louisiana	339	7.4	54.2	2,356	2,235	6.1	56.4	8,609
Maine	594	6.4	64.5	2,715	186	5.1	59.3	1,334
	724	6.0	59.0	3,687				
Maryland	163	7.3	67.2	1,639	64	7.9	67.7	428
Massachusetts					720	7.2	66.9	3,888
Michigan	550	7.3	72.9	3,920	502	5.6	58.8	3,313
Minnesota	824	8.4	73.7	8,301	341	6.3	59.8	2,186
Mississippi	1,254	7.3	66.8	10,416	654	7.6	61.1	4,949
	558	9.0	62.9	2,856	63	6.5	52.3	374
	432	6.4	58.0	1,417				

Source: 1985 American Hospital Association survey data as reported in Hospital Statistics, 1986 Edition.

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MEDICARE/INPATIENT HOSPITALS BY STATE, 1986

	Short- Stay Hospitals	Beds per 1,000 Enrollees 1/	Long- Stay Facilities	Beds per 1,000 Enrollees 1/	Short- Stay Hospitals	Beds per 1,000 Enrollees 1/	Long- Stay Facilities	Beds per 1,000 Enrollees 1/
All Areas	5,994	37.4	726	4.4	Missouri 152	42.8	21	2.6
United States	5,934	37.4	724	4.4	Montana 64	35.9	2	0.6
Alabama	131	45.4	7	1.3	Nebraska 101	37.3	6	2.6
Alaska	23	93.0	2	16.6	Nevada 29	40.0	4	3.3
Arizona	72	29.9	7	2.9	New Hampshire 29	29.3	5	4.3
Arkansas	96	36.3	6	2.3	New Jersey 97	32.7	27	6.0
California	492	33.4	50	2.1	New Mexico 50	37.8	5	1.7
Colorado	81	40.7	12	7.4	New York 269	34.7	52	10.8
Connecticut	37	28.4	16	9.8	North Carolina 136	36.4	20	6.2
Delaware	7	31.2	3	3.7	North Dakota 54	47.8	3	11.2
District of Columbia	12	72.6	2	10.8	Ohio 202	42.0	27	3.3
Florida	226	29.8	35	1.5	Oklahoma 132	41.2	11	5.2
Georgia	170	47.3	26	6.2	Oregon 75	26.7	7	6.0
Hawaii	21	25.9	4	4.5	Pennsylvania 237	32.6	46	5.4
Idaho	49	27.9	5	1.8	Rhode Island 14	26.0	5	10.1
Illinois	242	42.8	18	1.7	South Carolina 73	38.7	10	4.8
Indiana	118	39.2	24	2.3	South Dakota 63	40.8	6	4.0
Iowa	128	35.6	7	3.0	Tennessee 149	50.4	13	2.0
Kansas	144	41.2	9	5.3	Texas 481	45.2	44	2.6
Kentucky	105	39.2	11	4.3	Utah 40	35.0	5	3.5
Louisiana	151	56.8	21	7.6	Vermont 16	33.2	2	5.1
Maine	45	30.1	3	3.8	Virginia 105	40.3	23	4.5
Maryland	56	36.6	20	9.8	Washington 110	29.4	5	3.2
Massachusetts	117	34.7	40	10.8	West Virginia 68	42.7	1	0.3
Michigan	199	36.7	11	1.5	Wisconsin 148	35.6	18	2.9
Minnesota	175	40.7	9	4.4	Wyoming 27	43.8	4	4.5
Mississippi	116	46.1	4	1.1	Puerto Rico 56	33.1	2	1.6
					Other outlying areas	95.2	0	0.0

1/ Enrollment as of July 1, 1985

Source: HCFA/BDMS

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MEDICARE AND MEDICARE/MEDICAID SKILLED NURSING FACILITIES/STATE, CY 1986

Title 18 and 18/19 Facilities			Title 18 and 18/19 Facilities		
		Beds			Beds
All Areas	6,897	448,910	Missouri	172	5,499
			Montana	73	2,173
			Nebraska	24	1,027
United States	6,891	448,655	Nevada	26	2,268
			New Hampshire	22	515
Alabama	190	11,232			
Alaska	6	139	New Jersey	162	14,174
Arizona	61	1,548	New Mexico	18	437
Arkansas	54	1,777	New York	561	75,797
California	999	74,031	North Carolina	179	9,552
			North Dakota	59	3,402
Colorado	98	2,748			
Connecticut	174	19,253	Ohio	458	40,965
Delaware	24	1,601	Oklahoma	18	375
District of			Oregon	62	1,335
Columbia	6	420	Pennsylvania	521	28,729
Florida	342	18,332	Rhode Island	67	2,027
Georgia	104	6,199	South Carolina	103	8,125
Hawaii	26	1,757	South Dakota	11	250
Idaho	61	2,929	Tennessee	89	4,449
Illinois	312	8,913	Texas	210	8,302
Indiana	195	10,474	Utah	45	741
Iowa	39	914	Vermont	16	592
Kansas	48	1,099	Virginia	82	2,261
Kentucky	94	3,750	Washington	122	4,285
Louisiana	49	3,086	West Virginia	40	3,231
Maine	17	412	Wisconsin	150	8,081
			Wyoming	12	216
Maryland	114	11,094			
Massachusetts	122	6,535	U.S. Territories		
Michigan	296	23,404	and Possessions	6	255
Minnesota	151	7,857			
Mississippi	7	343			

Source: HCFA/BDMS

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SNFs CERTIFIED FOR MEDICAID ONLY AND OTHER MEDICAID LONG TERM CARE FACILITIES/STATE - CY 1986

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	2,060	5,618	3,338			
Alabama				Missouri	64	123
Alaska	2	18	8	Montana	12	11
Arizona	3	2	6	Nebraska	18	176
Arkansas	--	--	--	Nevada	--	3
California	113	93	9	New Hampshire	--	50
	161	38	180	New Jersey	94	15
Colorado	64	29	11	New Mexico	--	52
Connecticut	20	35	93	New York	2	40
Delaware	3	8	9	North Carolina	--	52
District of Columbia	--			North Dakota	--	23
Florida	85	4	37	Ohio	--	485
		4	69	Oklahoma	2	356
Georgia	181	39	11	Oregon	4	112
Hawaii	1	9	7	Pennsylvania	57	119
Idaho	--	2	16	Rhode Island	--	40
Illinois	162	258	85	South Carolina	--	29
Indiana	7	304	225	South Dakota	57	45
				Tennessee	--	171
Iowa	2	411	19	Texas	18	771
Kansas	25	310	25	Utah	--	33
Kentucky	--	122	9	Vermont	4	25
Louisiana	--	252	173	Virginia	--	99
Maine	1	125	40	Washington	124	30
				West Virginia	--	57
Maryland	--	79	9	Wisconsin	237	53
Massachusetts	186	219	37	Wyoming	11	6
Michigan	7	132	237			
Minnesota	205	129	356			
Mississippi	128	20	13			

Source: HCFA/BDMS

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COMMUNITY HOSPITALS/STATE

	Hospitals	Beds	Beds per 1,000 Resident Population	Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,732	1,000,678	4.2	Missouri	141	25,734
Alabama	129	19,703	4.9	Montana	60	4,568
Alaska	18	1,096	2.1	Nebraska	98	9,751
Arizona	61	10,136	3.2	Nevada	21	3,287
Arkansas	93	11,241	4.8	New Hampshire	27	3,347
California	479	83,232	3.2	New Jersey	96	30,116
Colorado	82	11,472	3.6	New Mexico	39	4,168
Connecticut	37	10,499	3.3	New York	259	78,986
Delaware	8	2,181	3.5	North Carolina	129	22,852
District of Columbia	12	4,806	7.7	North Dakota	52	5,006
Florida	223	50,541	4.4	Ohio	199	49,754
Georgia	164	25,677	4.3	Oklahoma	118	13,692
Hawaii	19	2,869	2.7	Oregon	74	8,768
Idaho	46	3,571	3.6	Pennsylvania	241	56,221
Illinois	238	54,915	4.8	Rhode Island	14	3,495
Indiana	116	23,619	4.3	South Carolina	71	11,691
Iowa	129	15,179	5.3	South Dakota	57	4,596
Kansas	143	12,683	5.2	Tennessee	145	25,320
Kentucky	107	16,078	4.3	Texas	480	66,061
Louisiana	145	20,190	4.5	Utah	39	4,347
Maine	42	4,870	4.2	Vermont	16	2,066
Maryland	55	15,189	3.5	Virginia	100	21,136
Massachusetts	112	25,892	4.4	Washington	103	13,173
Michigan	193	37,546	4.1	West Virginia	64	9,885
Minnesota	165	21,933	5.2	Wisconsin	138	22,353
Mississippi	108	13,036	5.0	Wyoming	27	2,151

Source: 1985 Annual Survey Data as reported in American Hospital Association's Hospital Statistics, 1986 Edition.

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES -----	OCTOBER 1984 PERCENT -----	OCTOBER 1985 PERCENT -----	MAY 1986 PERCENT -----
ALABAMA PHYSICIANS/LLP'S SUPPLIERS	50.2 54.4 31.6	50.1 58.2 32.2	54.9 63.0 24.8
ALASKA PHYSICIANS/LLP'S SUPPLIERS	12.2 9.9 27.9	11.7 10.4 18.1	20.8 22.6 7.3
ARIZONA PHYSICIANS/LLP'S SUPPLIERS	18.7 18.3 23.0	16.1 15.4 22.7	18.0 18.5 13.7
ARKANSAS PHYSICIANS/LLP'S SUPPLIERS	41.9 45.6 26.5	41.4 45.2 26.0	33.3 34.7 26.4
CALIFORNIA PHYSICIANS/LLP'S SUPPLIERS	30.4 31.0 24.2	29.4 30.0 24.5	38.0 39.7 25.0
COLORADO PHYSICIANS/LLP'S SUPPLIERS	42.2 38.9 75.8	29.9 28.1 38.1	24.8 24.4 26.8
CONNECTICUT PHYSICIANS/LLP'S SUPPLIERS	25.8 25.4 27.6	22.9 22.2 27.1	19.7 19.2 24.1
DELAWARE PHYSICIANS/LLP'S SUPPLIERS	31.8 34.3 13.7	22.6 23.9 13.6	26.2 29.7 8.8
DISTRICT OF COLUMBIA PHYSICIANS/LLP'S SUPPLIERS	49.1 53.3 16.5	29.0 30.5 17.2	24.7 26.0 12.8
FLORIDA PHYSICIANS/LLP'S SUPPLIERS	24.4 26.0 16.1	24.0 25.7 16.5	20.3 22.6 13.6
GEORGIA PHYSICIANS/LLP'S SUPPLIERS	33.0 34.0 23.1	32.2 33.1 24.6	28.3 27.9 30.4
HAWAII PHYSICIANS/LLP'S SUPPLIERS	18.2 18.2 19.0	20.7 20.6 24.5	39.0 41.7 11.4

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATE -----	OCTOBER 1984 PERCENT -----	OCTOBER 1985 PERCENT -----	MAY 1986 PERCENT -----
IDAH0 PHYSICIANS/LLP'S SUPPLIERS	13.2 12.7 16.0	11.5 11.0 14.8	10.5 10.3 11.4
ILLINOIS PHYSICIANS/LLP'S SUPPLIERS	22.7 24.2 12.1	21.8 23.1 12.2	20.7 21.8 13.7
INDIANA PHYSICIANS/LLP'S SUPPLIERS	18.5 19.4 16.8	15.8 18.2 9.1	19.5 21.4 10.0
IOWA PHYSICIANS/LLP'S SUPPLIERS	34.4 34.7 33.6	29.4 29.7 28.7	35.8 38.2 27.4
KANSAS PHYSICIANS/LLP'S SUPPLIERS	49.6 53.4 36.8	42.5 45.4 29.4	37.5 39.5 21.8
KENTUCKY PHYSICIANS/LLP'S SUPPLIERS	23.3 23.2 23.7	24.2 24.3 23.1	25.5 28.0 16.2
LOUISIANA PHYSICIANS/LLP'S SUPPLIERS	27.1 28.8 16.3	17.7 18.8 12.0	13.8 13.4 16.5
MAINE PHYSICIANS/LLP'S SUPPLIERS	39.9 35.2 30.9	33.1 35.4 27.7	27.1 28.5 20.3
MARYLAND PHYSICIANS/LLP'S SUPPLIERS	30.3 30.4 29.7	30.5 30.4 30.7	28.0 28.5 24.9
MASSACHUSETTS PHYSICIANS/LLP'S SUPPLIERS	47.3 48.2 43.8	47.2 48.1 43.6	42.1 43.0 36.5
MICHIGAN PHYSICIANS/LLP'S SUPPLIERS	42.3 44.2 25.6	42.3 44.0 26.8	35.3 37.1 22.6
MINNESOTA PHYSICIANS/LLP'S SUPPLIERS	19.0 18.6 21.9	19.2 18.5 24.3	19.9 20.7 15.7

STATES -----	OCTOBER 1984 PERCENT -----	OCTOBER 1985 PERCENT -----	MAY 1986 PERCENT -----
MISSISSIPPI PHYSICIANS/LLP'S SUPPLIERS	22.2 20.4 29.8	21.2 19.1 30.0	20.8 22.8 14.8
MISSOURI PHYSICIANS/LLP'S SUPPLIERS	32.1 34.4 18.3	32.7 35.2 17.7	23.1 24.0 16.0
MONTANA PHYSICIANS/LLP'S SUPPLIERS	18.8 18.9 18.7	22.1 24.3 17.0	13.2 13.9 11.2
NEBRASKA PHYSICIANS/LLP'S SUPPLIERS	25.7 25.0 27.6	21.3 20.0 24.2	22.1 23.8 19.3
NEVADA PHYSICIANS/LLP'S SUPPLIERS	32.7 36.4 9.7	20.4 21.7 11.9	25.4 26.8 11.7
NEW HAMPSHIRE PHYSICIANS/LLP'S SUPPLIERS	30.1 27.2 40.9	29.5 26.9 39.2	26.7 27.2 24.0
NEW JERSEY PHYSICIANS/LLP'S SUPPLIERS	20.0 20.1 19.8	18.2 18.0 19.0	20.2 20.6 18.5
NEW MEXICO PHYSICIANS/LLP'S SUPPLIERS	44.6 48.0 22.6	18.4 17.7 21.9	14.3 13.8 18.2
NEW YORK PHYSICIANS/LLP'S SUPPLIERS	22.9 22.1 28.2	21.6 20.8 27.4	20.3 19.9 23.9
NORTH CAROLINA PHYSICIANS/LLP'S SUPPLIERS	39.0 41.5 19.5	36.9 39.1 19.5	31.5 34.3 16.2
NORTH DAKOTA PHYSICIANS/LLP'S SUPPLIERS	12.8 10.9 18.8	13.0 10.9 19.4	13.4 13.8 12.2
OHIO PHYSICIANS/LLP'S SUPPLIERS	23.1 23.6 20.2	21.3 21.7 18.4	25.0 26.4 18.2

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES -----	OCTOBER 1984 PERCENT -----	OCTOBER 1985 PERCENT -----	MAY 1986 PERCENT -----
OKLAHOMA			
PHYSICIANS/LLP'S	13.8	14.1	14.5
SUPPLIERS	13.7	13.8	16.6
	14.8	17.2	7.1
OREGON			
PHYSICIANS/LLP'S	17.3	18.7	21.3
SUPPLIERS	17.4	18.5	22.8
	16.7	19.3	12.6
PENNSYLVANIA			
PHYSICIANS/LLP'S	47.9	47.2	42.7
SUPPLIERS	52.0	50.8	45.6
	25.1	26.9	24.3
RHODE ISLAND			
PHYSICIANS/LLP'S	42.0	43.0	43.2
SUPPLIERS	46.2	46.7	48.1
	23.0	24.0	19.2
SOUTH CAROLINA			
PHYSICIANS/LLP'S	16.0	17.3	15.6
SUPPLIERS	16.5	17.9	16.8
	8.7	9.3	9.6
SOUTH DAKOTA			
PHYSICIANS/LLP'S	10.7	10.3	8.9
SUPPLIERS	8.3	8.0	6.9
	16.4	15.3	12.0
TENNESSEE			
PHYSICIANS/LLP'S	27.3	22.3	22.1
SUPPLIERS	26.9	21.1	22.4
	29.2	28.2	21.3
TEXAS			
PHYSICIANS/LLP'S	20.2	19.5	13.5
SUPPLIERS	20.4	19.7	14.1
	18.4	17.6	9.4
UTAH			
PHYSICIANS/LLP'S	31.4	29.1	34.0
SUPPLIERS	32.4	29.3	36.1
	25.9	28.2	21.0
VERMONT			
PHYSICIANS/LLP'S	40.9	40.2	37.6
SUPPLIERS	42.1	41.5	38.2
	36.7	35.7	32.9
VIRGINIA			
PHYSICIANS/LLP'S	28.1	28.2	28.6
SUPPLIERS	29.5	29.4	29.5
	19.0	19.2	21.4
WASHINGTON			
PHYSICIANS/LLP'S	26.6	23.0	22.1
SUPPLIERS	27.7	13.6	21.8
	19.2	19.0	25.1

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES -----	OCTOBER 1984 PERCENT -----	OCTOBER 1985 PERCENT -----	MAY 1986 PERCENT -----
WEST VIRGINIA PHYSICIANS/LLP'S SUPPLIERS	23.1 23.6 20.3	22.2 22.9 17.9	30.8 33.0 21.4
WISCONSIN PHYSICIANS/LLP'S SUPPLIERS	34.4 35.4 28.2	30.3 31.0 26.5	37.3 37.5 26.4
WYOMING PHYSICIANS/LLP'S SUPPLIERS	26.2 26.6 22.9	18.8 18.3 21.8	15.8 16.9 12.2

* LLP: Limited License Practitioners

February 1987

MEDICARE PART B/ASSIGNMENT RATE BY CARRIER, FY 1986

CARRIER	ASSIGN RATE	CARRIER	ASSIGN RATE	CARRIER	ASSIGN RATE
TOTAL	68.0	CHICAGO REGION	65.1	SEATTLE REGION	46.0
BOSTON REGION	81.6	ILLINOIS B/S (HCSC)	61.5	ALASKA-OREGON-AETNA	43.7
CONNECTICUT GENERAL	64.3	INDIANA B/S	55.6	ALASKA	61.4
MASSACHUSETTS B/S	92.6	MICHIGAN B/S	87.5	OREGON	43.1
MASSACHUSETTS TRI-STATE	66.3	MINNESOTA B/S	35.5	IDAHO-EQUITABLE	31.2
MAINE	75.3	MINNESOTA-TRAVELERS	49.1	WASHINGTON B/S	49.7
NEW HAMPSHIRE	56.7	OHIO-NATIONWIDE	56.9	RRB-TRAVELERS	62.4
VERMONT	63.3	WISCONSIN B/S	54.1		
RHODE ISLAND B/S	92.0	DALLAS REGION	62.4		
NEW YORK REGION	71.5	ARKANSAS B/S	71.2	AETNA	53.1
NEW JERSEY-PRUDENTIAL	65.2	LA.-ARK. B/S	65.0	EQUITABLE	54.3
N.Y.-BINGHAMTON B/S	73.3	NEW MEXICO-EQUITABLE	64.6	NATIONWIDE	59.0
N.Y.-NEW YDRK B/S	73.2	DKLAHMA-AETNA	48.6	PRUDENTIAL	66.8
NEW YDRK-GRUP HEALTH	73.8	TEXAS B/S	62.5	TRAVELERS (RRB-EXCLUDED)	62.6
PUERTO RICD B/S	81.4	KANSAS CITY REGION	57.1		
PUERTO RICD	81.5	IOWA B/S	46.9		
VIRGIN ISLANDS	61.9	IOWA	50.0		
PHILADELPHIA REGION	82.0	NEBRASKA	40.4		
MARYLAND B/S	81.0	KANSAS B/S	69.9		
PENNSYLVANIA B/S	86.4	MISSOURI B/S	72.9		
DELAWARE	77.8	MISSOURI-GENERAL AMERICAN	53.4		
DISTRICT OF COLUMBIA	78.5	DENVER REGION	51.4		
PENNSYLVANIA	88.0	COLORADO B/S	58.7		
VIRGINIA-TRAVELERS	64.2	MONTANA B/S	41.4		
WEST VIRGINIA-NATIONWIDE	71.3	NORTH DAKOTA B/S	37.5		
ATLANTA REGION	64.8	NORTH DAKOTA	40.0		
ALABAMA B/S	76.6	SOUTH DAKOTA	34.8		
FLDRIDA B/S	62.2	UTAH B/S	61.3		
GEORGIA-PRUDENTIAL	69.3	WYOMING-EQUITABLE	40.1		
KENTUCKY B/S	63.1	SAN FRANCISCO REGION	70.4		
MISSISSIPPI-TRAVELERS	69.1	ARIZONA-NEVADA-AETNA	59.1		
NDRTH CAROLINA-PRUDENTIAL	67.3	ARIZONA	54.6		
SOUTH CAROLINA B/S	60.8	NEVADA	78.3		
TENNESSEE-EQUITABLE	56.7	CALIFORNIA B/S	68.9		
		CALIFORNIA-OCCIDENTAL	75.1		
		HAWAII-AETNA	65.9		

• LESS THAN 0.05

X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

PROGRAM FINANCING

Medicare/Source of Income

HI Trust Fund

1. Payroll taxes *
 2. Transfers from railroad retirement account
 3. General revenue for
 - a. uninsured persons
 - b. military wage credits
 4. Premiums from voluntary enrollees
 5. Interest on investments
 6. Interfund loan repayment
- * Contribution rate
- | | |
|-------------------------------|-------|
| Employees and employers, each | 1.45% |
| Self employed | 2.90% |
- Maximum taxable amount (CY 1987) \$43,800

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Source: HCFA/OACT

Medicaid/Financing

Federal Contributions:

- | | |
|--|--------|
| 1. Medical vendor payments | 50-80% |
| 2. Family planning services | 90% |
| 3. Administrative costs | 50% |
| 4. Development of management information systems | 90% |
| 5. Operation of management information systems | 75% |
| 6. Skilled nursing facility inspectors | |
| - Salaries, travel and training | 75% |
| - All other costs | 50% |
| 7. Professional medical administrators | 75% |
| 8. State Medicaid fraud and abuse units | 90% |
| 9. PRO performance review | 75% |

Source: HCFA/HSO

February 1987

MEDICARE/COST SHARING AND PREMIUM AMOUNTS

Hospital Insurance										Supplementary Medical Insurance			
Hospital Insurance covers all expenses in "benefit period" except -										Monthly premiums			
Inpatient hospital daily coinsurance													
Beginning-	Inpatient hospital deductible (IHD) covers first 60 days	61st through 90th days	(1/4 x IHD)	Lifetime reserve days after 90 days	(1/2 x IHD)	Skilled nursing facility daily coinsurance after 20 days	(1/8 x IHD)	Hospital Insurance monthly premium 1/	Annual deductible	Coinsurance	For enrollee (aged and disabled) 2/	Aged Disabled	Government amounts for -
-Beginning January unless otherwise noted													
July 1966	\$ 40	\$10	3/	3/		\$ 5.00	3/	-	\$50	20%	\$ 3.00	\$ 3.00	-
1967	-	-	3/		\$ 20	-		-	-	-	-	-	-
1968	-	-						-	-	-	-	-	-
April 1968	-	-	-	-	-	-	-	-	4/	4/	4.00	4.00	-
1969	44	11	22			5.50		-	-	-	-	-	-
1970	52	13	26			6.50		-	-	-	5.30	5.30	-
1971	60	15	30			7.50		-	-	-	5.60	5.60	-
1972	68	17	34			8.50		-	-	-	5.80	5.80	-
1973	72	18	36			9.00		\$33	60 5/	5/ 6/	6.30 7/	6.30	\$22.70
1974	84	21	42			10.50		36	-	-	6.70	6.70	29.30
1975	92	23	46			11.50		40	-	-	-	8.30	30.30
1976	104	26	52			13.00		45	-	-	7.20	14.20	30.80
1977	124	31	62			15.50		54	-	-	7.70	16.90	42.30
1978	144	36	72			18.00		63	-	-	8.20	18.60	41.80
1979	160	40	80			20.00		69	-	-	8.70	18.10	41.30
1980	180	45	90			22.50		78	-	-	9.60	23.00	41.40
1981	204	51	102			25.50		89	8/ 9/	9/	11.00	34.20	62.20
1982	260	65	130			32.50		113	\$75	10/	12.20	37.00	72.00
1983	304	76	152			38.00		11/	-	-	-	41.80	80.00
1984	356	89	178			44.50		155 5/	-	-	14.60 5/	43.80 5/	94.00 5/
1985	400	100	200			50.00		174	-	-	15.50	46.50	89.90
1986	492	123	246			61.50		214	-	-	15.50	46.50	66.10
1987	520	130	260			65.00		226	-	-	17.90	53.70	88.10

1/ Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

1/ Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

2/ Beginning July 1973 for the disabled.

3/ Benefit not provided.

4/ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.

5/ Beginning in January for current and succeeding years.

6/ Home health services not subject to coinsurance.

7/ Monthly premium for July and August 1973 was reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.

8/ Home health services not subject to deductible.

9/ Same as footnote 4, but only when physician accepts assignment.

10/ Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

11/ The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983.

However, P.L. 98-21 subsequently provided that the monthly premium of \$113 for noninsured enrollees continue to apply until December 31, 1983.

MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS

<u>Part A (effective date)</u>	<u>Amount</u>
Inpatient hospital deductible (1/1/87)	\$520/benefit period
Regular coinsurance day (1/1/87)	\$130/day for 61st thru 90th day
Lifetime reserve day (1/1/87)	\$260/day (60 nonrenewable days)
SNF coinsurance day (1/1/87)	\$65/day for 21st thru 100th day
Blood	first 3 pints/benefit period
Voluntary HI premium (1/1/87)	\$226/month
Limitation: Inpatient psychiatric hospital days	190 nonrenewable days

<u>Part B (effective date)</u>	
Deductible (1/1/82)	\$75 in reasonable charges/year
Blood	first 3 pints/calendar year
Coinsurance	20% of reasonable charges
Premium (1/1/87)	\$17.90/month
Limitations:	
Outpatient treatment for mental illness	\$250 maximum annual program payment
Licensed physical therapist's services in home or office (1/1/82)	\$400 maximum annual program payment

Source: HCFA/OACT

February 1987

MEDICARE ANNUAL MAXIMUM TAXABLE EARNINGS AND HI CONTRIBUTION RATES

Beginning	Annual Maximum Taxable Earnings	Contribution Rate <u>1</u> / (percent)
1966	\$ 6,600	0.35%
1967	6,600	.5
1968	7,800	.6
1969	7,800	.6
1970	7,800	.6
1971	7,800	.6
1972	9,000	.6
1973	10,800	1.0
1974	13,200	.9
1975	14,100	.9
1976	15,300	.9
1977	16,500	.9
1978	17,700	1.00
1979	22,900	1.05
1980	25,900	1.05
1981	29,700	1.30
1982	32,400	1.30
1983	35,700	1.30
1984	37,800	1.30 (2.60 for self employed)
1985	39,600	1.35 (2.70 for self employed)
1986	42,000	1.45 (2.90 for self employed)
1987	43,800	1.45 (2.90 for self employed)

Changes scheduled in present law:

1988 and later Subject to

automatic increase

1.45 (2.90 for self employed)

1/ Employer and employee (each) and self-employed persons through 1983.

Source: HCFA/OACT

February 1987

TITLE XIX
FEDERAL MEDICAL ASSISTANCE PERCENTAGES
FY 1984 - FY 1988

	FY 84/85	FY 1986	FY 1987*	FY 1988
Alabama	72.14	72.30	72.41	73.29
Alaska	50.00	50.00	50.00	50.00
Arizona	61.21	62.28	62.28	62.12
Arkansas	73.65	73.83	74.02	74.21
California	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00
Delaware	50.00	50.00	50.00	51.90
District of Columbia	50.00	50.00	50.00	50.00
Florida	58.41	56.16	56.16	55.39
Georgia	67.43	66.05	66.05	63.84
Hawaii	50.00	51.00	51.29	53.71
Idaho	67.28	69.36	71.08	70.47
Illinois	50.00	50.00	50.00	50.00
Indiana	59.93	62.82	62.92	63.71
Iowa	55.24	58.90	60.39	62.75
Kansas	50.67	50.00	51.39	55.20
Kentucky	70.72	70.23	70.75	72.27
Louisiana	64.45	63.81	65.77	68.26
Maine	70.63	68.86	68.86	67.08
Maryland	50.00	50.00	50.00	50.00
Massachusetts	50.13	50.00	50.00	50.00
Michigan	50.70	56.79	56.88	56.48
Minnesota	52.67	53.41	53.41	53.98
Mississippi	77.63	78.42	78.50	79.65
Missouri	61.40	60.62	60.62	59.27
Montana	64.41	66.38	67.44	69.40
Nebraska	57.13	57.11	58.06	59.73
Nevada	50.00	50.00	50.00	50.25
New Hampshire	59.45	54.92	54.92	50.00
New Jersey	50.00	50.00	50.00	50.00
New Mexico	69.39	68.94	69.68	71.52
New York	50.00	50.00	50.00	50.00
North Carolina	69.54	69.18	69.18	68.68
North Dakota	61.32	55.12	56.41	64.87
Ohio	55.44	58.30	58.30	59.10
Oklahoma	58.47	57.60	59.86	63.33
Oregon	57.12	61.54	62.47	62.11
Pennsylvania	56.04	56.72	57.28	57.35
Rhode Island	58.17	56.33	56.33	54.85
South Carolina	73.51	72.70	72.70	73.49
South Dakota	68.31	67.82	67.82	70.43
Tennessee	70.66	70.20	70.26	70.64
Texas	54.37	53.56	55.16	56.91
Utah	70.84	72.62	73.21	73.73
Vermont	69.37	67.06	67.37	66.23
Virginia	56.53	53.14	53.14	51.34
Washington	50.00	50.06	52.52	53.21
West Virginia	70.57	71.53	72.59	74.84
Wisconsin	56.87	57.54	57.58	58.98
Wyoming	50.00	50.00	54.20	57.96
Territories 1/	50.00	50.00	50.00	50.00

* Reflects "Hold harmless" provision of the Omnibus Reconciliation Act of FY 1986 (P.L. 99-509).

1/ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands.

NOTE: The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the federal medical assistance percentages, effective for FY 1987 and thereafter.

Federal financial participation is also available to States electing to expand their Medicaid Programs by covering additional services and/or by including people eligible for medical but not for financial assistance. For the latter group, States may offer the services required for financial assistance

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart.

U.S. Department of Health & Human Services
Health Care Financing Administration
Office of Intergovernmental Affairs

SEASIDE CITY, CALIF. ANATOLIOS PROGRAM CHARGES

The data shown were supplied by individual states and controlled by the Office of Intergovernmental Affairs.

[illegible]

Federal Medical Assistance Percentage (FMAP) Rate of Federal financial participation in a State's Medical Assistance Program under Title XIX of the Social Security Act Effective October 1, 1988-September 30, 1987 (Fiscal Years 1988 and 1987)

Medically Needy People who are eligible for medical but not for financial assistance

American Samoa operates under a special Medicaid waiver program

The data shown were received by hospital and states and summarized by the CDC.

to No ()

SOCIAL SECURITY CASH BENEFITS
AVERAGE RETIRED WORKER'S BENEFIT (INDIVIDUALS)

<u>Average Monthly Benefit</u>		<u>Statutory and Automatic Increase</u>	
<u>Year</u>	<u>Amount^{1/}</u>	<u>Effective Date</u>	<u>Percentage Increase</u>
1970	\$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	6/75 ^{2/}	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3

^{1/} As of December of each year.

^{2/} Increases as of 6/75 through 6/82 were automatic in June of each year.

Source: SSA/OACT

February 1987



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